

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

COMMITTEE MINUTES JANUARY 20, 1993

Approved:
January, 25
1993
Phv

All Committee members present.

CONFEREES: Dr. Robert Harder, Secretary, Department of Health/Environment.

Chairperson Flower called meetings to order drawing attention to Committee minutes. After members read over the minutes, Rep. Bishop moved to approve the minutes for January 13, and 14, 1993. Motion carried.

Chair recognized Dr. Robert Harder and invited him to begin his presentation.

Secretary Harder, Department of Health/Environment offered hand-out (Attachment No.1). He stated he had personally thanked Secretary Hurst, Department on Aging for her willingness to come before this Committee on such short notice last week to fill in the date that had been scheduled for his remarks. He is most appreciative. He then introduced a staff member, Pamela Johnson Betts, Office of Government and Community Relations. Ms. Betts will at times fill in for him when the Secretary is unable to attend hearings that affect the Department. He noted also that Mr. Dick Morrissey would stand in that capacity as well, at times.

Secretary Harder drew attention to the hand-out, titling it a Brief Overview of Kansas Department of Health/Environment Budget Requests for FY 1994. He highlighted Agency Goals, and noted that by 1995, it is hoped every child ages 0-2 will be appropriately immunized; have the Department of Health/Environment become even more responsive and more user friendly to the consumers in Kansas; be viewed as a leader in the fields of health/environment; provide leadership as it relates to combining health, social services, and education; expand public concern and interest in relation to healthy lifestyles; ensure appropriate water and air quality, and management of those resources over time; ensure adequate, professionally trained staff to carry out the work of the Department. He drew attention to the booklet about the Department included in the attachment and to the phone numbers of Department heads.

Secretary Harder answered numerous questions. He detailed a program for the immunizations implementation that has begun, noting how the need for volunteer help and Corporate sponsorship and commitment for funding and commitments of volunteers from social clubs would be appreciated. He noted that each Committee member would be invited to serve as an Honorary Chair for their District when the immunization program gets underway. This program will take a lot of planning and commitment for it to work. There were questions about expanding services in outlying areas; expand services for indigent primary care; rural health care; smoke free environment, i.e., the Capitol building.

Chairperson Flower then agreed to hear bill requests from Secretary Harder.

Secretary Harder provided hand-outs for each bill proposed. (Attachment No.2) draft of act relating to food service and lodging establishments. He detailed the draft and gave rationale.

(Attachment No.3) draft of an act relating to certificate of birth; requirements; filing; fee for certificate of live birth. He explained the draft and gave rationale.

(Attachment No.4) draft relating to educational screening/testing programs for newborns. This legislation would allow screening for any possible genetic disease at the time of birth.

(Attachment No. 5) draft relating to licensing dietitians. He explained the bill.

(Attachment No. 6) draft relating to fee structure for licensing adult care home administrators. He noted this would include about 400-450 licensees around the state.

(Attachment No.7) draft of an act concerning abuse, neglect, exploitation of certain persons. This would basically reflect concerns of instances of financial exploitation of elder citizens in Kansas.

Chairperson Flower then invited members to determine if they wished to introduce this legislation presented by Secretary Harder.

Rep. Neufeld moved and Rep. Bruns seconded the motion to introduce the legislation proposed on food and lodging services. Secretary Harder answered questions. Vote taken. Motion carried.

Rep. Swall moved to introduce proposed legislation in regard to securing signatures for birth certificates, seconded by Rep. Sader. Motion carried.

Rep. Swall moved to introduce the proposed legislation to allow screening for genetic diseases, seconded by Rep. Mayans. Discussion ensued, i.e., effects of fiscal impact, similarity to legislation that is also being proposed by the Department of SRS. Vote taken. Motion carried.

Rep. Samuelson moved to introduce proposed legislation relating to licensing of dietitians, seconded by Rep. Wagle. A lengthy discussion began. There were questions as to whether or not this legislation was identical to a previous piece of legislation last year. Dr. Harder noted he could provide ample information to the Committee later, so offered to return at a later date when other bill requests were scheduled.

At this time Rep. Samuelson and Rep. Wagle both withdrew their motions to introduce this particular bill request.

Rep. Samuel moved to introduce legislation regarding the fee structure for licensing adult care home administrators, seconded by Rep. Wagle. Motion carried.

Rep. O'Connor moved to introduce legislation concerning abuse, neglect, exploitation of certain persons, seconded by Rep. Samuelson. Discussion ensued, i.e., the financial exploitation of older citizens is a main thrust in this bill; some felt however, there was a big portion of language that deals with the changing of procedures and some stated concern over this matter. Vote taken. Motion carried.

Secretary Harder thanked the Chair and Committee members for their consideration of the bill requests he presented this date.

Chair thanked members for their attention.

Meeting adjourned 2:50 p.m.

Next meeting will be held January 21, 1993, 1:30 p.m.

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

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Kansas Department of Health and Environment



House Public Health and Welfare Committee

Robert C. Harder, Secretary
January 20, 1993

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Attch #1.

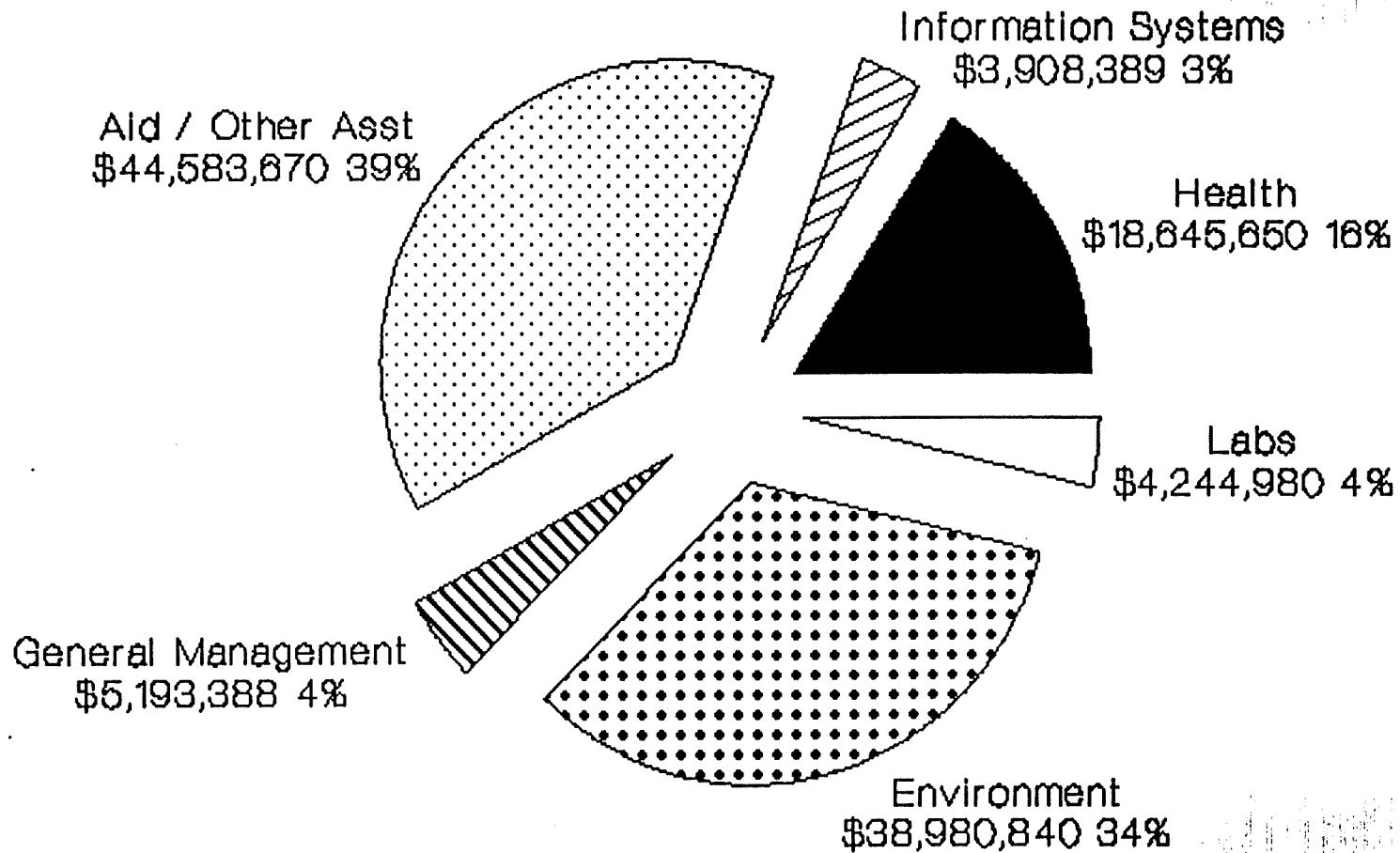
1) A Brief Overview of KDHE Budget Request for FY 1994

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FY 93 K D H E

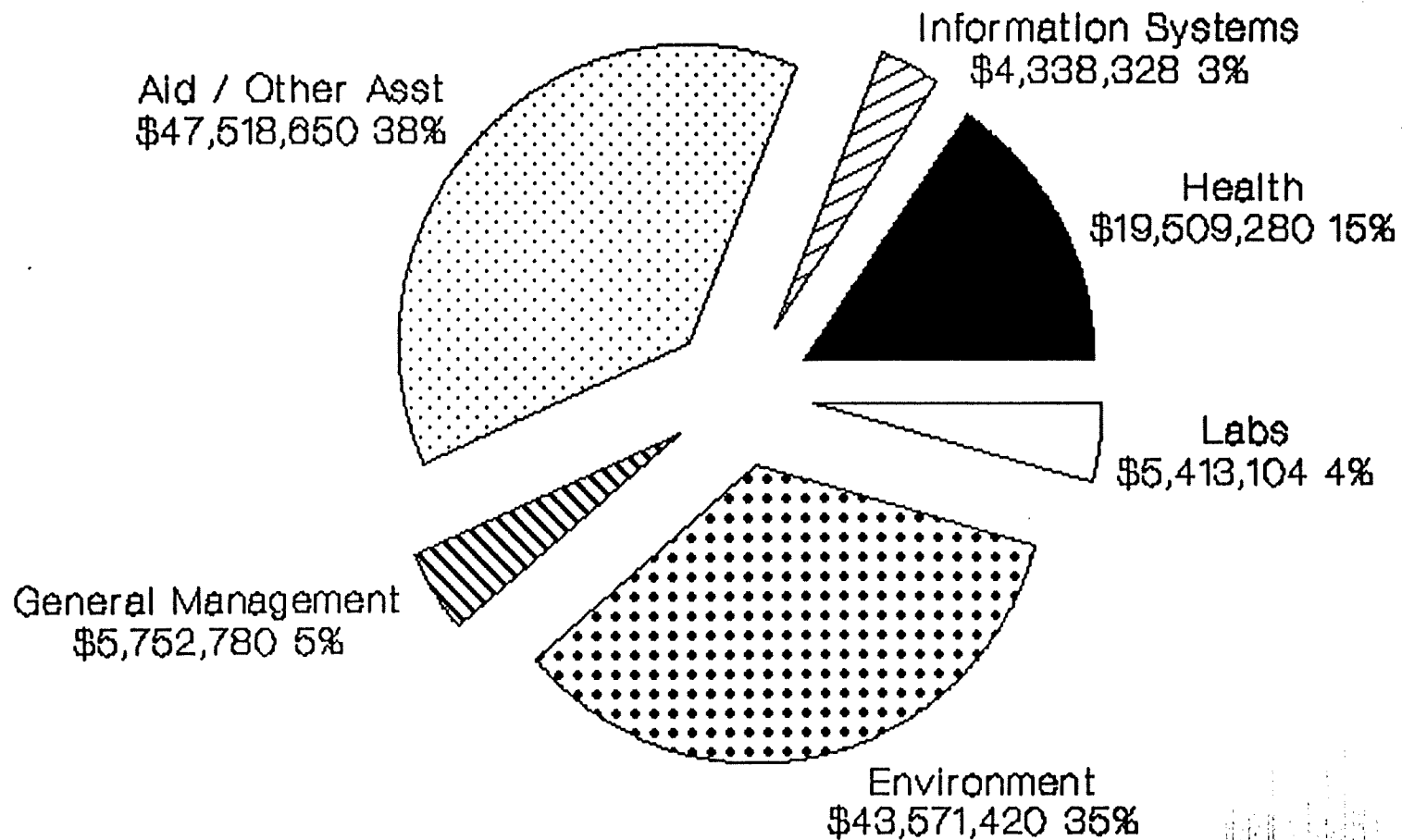
Expenditures by Major Programs



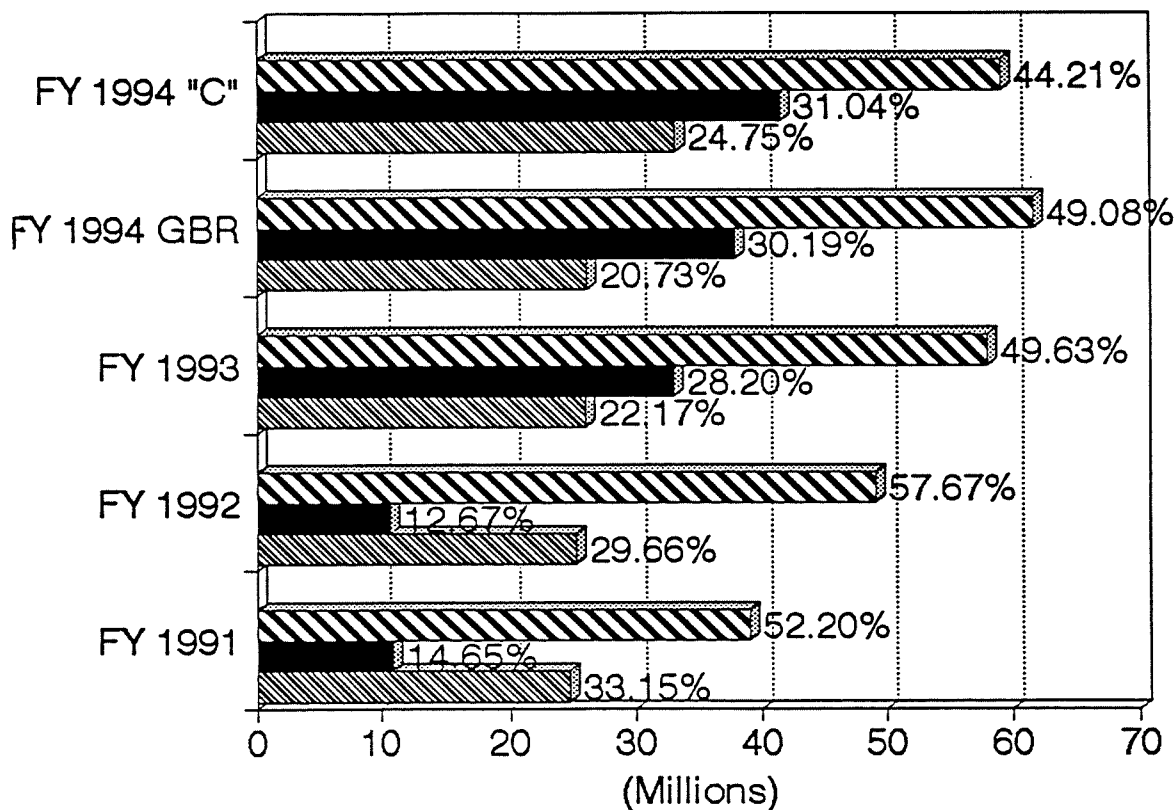
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FY 94 G B R for K D H E

Expenditures by Major Programs



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KS Dept of Health and Environment Funding Sources

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
AGENCY SUMMARY OF FISCAL YEAR EXPENDITURES

Financing	FY 1991 Actuals	FY 1992 Actuals	FY 1993 Approved	FY 1994 GBR	FY 1994 "C" Request
S G F	\$24,754,810	\$25,259,403	\$25,893,398	\$26,040,546	\$33,082,751
% of Total	33.15%	29.66%	22.17%	20.73%	24.75%
State Fees	10,939,390	10,791,131	32,946,229	37,921,129	41,481,663
% of Total	14.65%	12.67%	28.20%	30.19%	31.04%
Federal	38,977,312	49,115,874	57,970,914	61,658,415	59,085,459
% of Total	52.20%	57.67%	49.63%	49.08%	44.21%
TOTAL	\$74,671,512	\$85,166,408	\$116,810,541	\$125,620,090	\$133,649,873
EXPENDITURES					
Salaries	23,352,816	25,403,777	29,569,248	31,683,416	33,797,132
O O E	19,049,046	20,684,397	43,781,377	49,377,033	52,940,277
Aid to Locals	14,010,483	17,632,581	20,139,916	21,239,641	23,566,699
Other Assistance	18,259,167	21,445,653	23,320,000	23,320,000	23,320,000
TOTAL EXPENDITURE	\$74,671,512	\$85,166,408	\$116,810,541	\$125,620,090	\$133,624,108
F T E Positions	723.2	732.5	761.0	766.0	827.5
Special Project Posi	35	56	117 *		114

* includes the 41 Special Projects Workers approved by the 1992
 Legislature for the Public Drinking Water and Solid Waste Projects

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KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
Expenditure History By Program

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PRG NO	PRG NAME	FY 89	FY 90	FY 91	FY 92	FY 93 GBR	FY 94 GBR	FY 94 "C"
0100	General Management	\$3,729,751	\$4,021,974	\$4,826,862	\$4,848,598	\$5,193,388	5,752,780	\$5,760,955
	Percent Increase / (Decrease)		7.83%	20.01%	0.41%	7.16%	10.77%	10.93%
0200	Information Services	3,422,640	4,522,307	3,526,567	3,868,950	3,908,389	4,338,328	5,008,893
	Percent Increase / (Decrease)		32.13%	-22.02%	9.71%	1.02%	11.00%	28.16%
3010	Aid to Counties - Health	23,266,411	29,121,344	32,020,929	37,013,556	41,751,358	42,484,559	42,582,820
	Percent Increase / (Decrease)		25.16%	9.96%	15.59%	12.80%	1.76%	1.99%
3020	Aid to Counties - Environment	47,651	772,856	1,349,168	1,692,949	4,083,313	5,034,090	5,572,270
	Percent Increase / (Decrease)		1521.49%	74.61%	25.48%	141.20%	23.28%	36.46%
6000	Dir of Div of Health	1,294,897	1,227,169	1,135,930	1,231,464	1,855,866	1,937,233	2,120,308
	Percent Increase / (Decrease)		-5.23%	-7.43%	8.41%	50.70%	4.38%	14.25%
6200	Bureau of Adult & Child Care	3,063,828	4,355,749	4,789,023	5,470,255	6,103,249	6,334,161	6,520,414
	Percent Increase / (Decrease)		42.17%	9.95%	14.22%	11.57%	3.78%	6.84%
6300	Bureau of Environ Health Serv	1,702,067	1,967,730	2,125,174	2,230,208	2,132,759	2,253,675	3,118,915
	Percent Increase / (Decrease)		15.61%	8.00%	4.94%	-4.37%	5.67%	46.24%
6400	Bureau of Disease Control	2,119,501	1,282,485	1,444,913	1,871,475	2,386,167	2,377,218	2,594,020
	Percent Increase / (Decrease)		-39.49%	12.67%	29.52%	27.50%	-0.38%	8.71%
7100	Bureau of Family Health	4,368,321	4,859,504	4,902,035	4,532,118	6,167,611	6,606,996	7,311,224
	Percent Increase / (Decrease)		11.24%	0.88%	-7.55%	36.09%	7.12%	18.54%
7200	Off of Director of Envir	234,754	250,993	227,512	258,576	215,962	252,624	257,405
	Percent Increase / (Decrease)		6.92%	-9.36%	13.65%	-16.48%	16.98%	19.19%
7201	Bureau of Air Quality & Waste Mgn	2,576,912	2,728,216	2,823,500	3,188,751	4,572,394	5,650,281	6,089,215
	Percent Increase / (Decrease)		5.87%	3.49%	12.94%	43.39%	23.57%	33.17%
7300	Bureau of Water	2,220,949	2,421,118	2,998,978	3,830,329	4,549,553	4,702,523	4,776,486
	Percent Increase / (Decrease)		9.01%	23.87%	27.72%	18.78%	3.36%	4.99%
7400	Bureau of Water Quality & Surface Mining	1,765,250	2,292,810	3,040,192	3,306,953	5,061,760	4,933,606	5,504,373
	Percent Increase / (Decrease)		29.89%	32.60%	8.77%	53.06%	-2.53%	8.74%
7500	Bureau of Environmental Remediation	2,174,334	2,637,602	6,050,105	7,816,632	24,581,176	28,032,385	31,019,472
	Percent Increase / (Decrease)		21.31%	129.38%	29.20%	214.47%	14.04%	26.19%
8400	KS Health & Environ Laboratory	2,671,686	2,903,336	3,218,916	3,211,663	4,244,980	4,929,631	5,413,104
	Percent Increase / (Decrease)		8.67%	10.87%	-0.23%	32.17%	16.13%	27.52%
9800	Bond Funds	319,691	659,071	191,708	795,931	2,616	0	0
	Percent Increase / (Decrease)		106.16%	-70.91%	315.18%	-99.67%	-100.00%	-100.00%
	AGENCY TOTALS	54,978,643	66,024,064	74,671,512	85,166,408	116,810,541	125,620,090	133,649,874
	Percent Increase / (Decrease)		20.09%	13.10%	14.05%	37.16%	7.54%	14.42%
	Total F T E s	672.70	709.70	723.20	732.50	761.00	768.00	827.50
	Percent Increase / (Decrease)		5.50%	1.90%	1.29%	3.89%	0.66%	8.74%

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AGENCY GOALS

- 2) a) To make KDHE even more responsive and more user friendly to its customers, the citizens of Kansas. This will be accomplished through leadership, example and training.
- b) By 1995, to have every child, ages 0-2, appropriately immunized. To accomplish this goal, the Department is serving as the lead agency to carry out a massive immunization program over the next two (2) years.
- c) To have KDHE viewed as a Leader in the fields of health and environment. To accomplish this goal, the Department staff will be encouraged to be expert in their fields of responsibility and then advocate for those issues.
- d) To provide leadership as it relates to combining health, social services and education to be provided at one location. This goal will be accomplished by staff working closely with the Kansas Commission on Children, Youth and Families, the Corporation for Change, and local communities to provide technical assistance and support as it is appropriate.
- e) To expand the public's concern and interest in relation to healthy lifestyles. To accomplish this goal, the KDHE will actively promote public education to this end.
- f) To ensure appropriate water and air quality and the management of those resources over time. This goal will be accomplished by the staff being actively engaged in the promoting of these issues.
- g) To ensure adequate, professionally trained staff to carry out the work of KDHE. This goal will be accomplished through continuous work with the Governor and the Legislature.

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KEY AGENCY ACTIVITIES

3) Where Are Your Programs the Most Effective?

- a) **Prevention:** **Immunization; air and water quality control; Healthy Start; licensing**
- b) **Health Promotion:** **Healthy lifestyles; no smoking campaigns; media campaigns**
- c) **Environment Control:** **Permit granting; waste management; interaction with other agencies**

PRIORITY FUNDING

Health

- 1) **Immunization - \$2.9 million per KDHE request**
- 2) **Physician Salaries - \$81,971**
- 3) **Health Promotion - % Increase over FY 93**
 - Office of Government and Community Relations- +2.3%**
 - Division of Health, Director - +4.4%**

Environment

- 1) **Clean Air Act**
- 2) **Surface Mining SGF Support**
- 3) **Water Plan money continues FY 93 funding levels:**
 - **\$1.37 million for Local Environment Protection Grant Program (LEPP)**
 - **\$150,000 for Kansas Rural Water Association**
 - **\$150,000 for Hazardous Waste Collections Grants**

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4) Public Expectations:

- a) To promote and enhance safe health and a safe environment. To protect the public from abusive behaviors, questionable practices, and promote good health practices**
- b) To ensure disease control and to promote safety**
- c) To capture the imagination of the general public in regard to health and environment issues.**

Management Strategies: (Not in priority order)

- a) KDHE Open Meetings**
- b) Internal and external review committees**
- c) Secretary's Forums**
- d) User friendly**
- e) Training**
- f) Example**
- g) Openness**
- h) Risk-taking**
- i) Collaboration, internal and external**

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Bee Wise. Immunize.

Each Little Sting Stops Many Bad Things.

IMMUNIZATION FACT SHEET

- ★ Immunizations are among the most vital and cost-effective medical interventions available.
- ★ Before the measles vaccine received approval in 1963, an average of over 500,000 cases were reported each year. Measles also killed 400-500 people annually.
- ★ The nation has had a resurgence in measles beginning in 1989. Between 1989 and 1991, some 55,000 cases of measles and more than 150 deaths were reported. Nearly half of the cases occurred in preschool children, most of whom were not vaccinated.
- ★ Minority children living in urban areas face a 4 to 9 times greater risk of measles than white children of the same age.
- ★ The biggest cause of the measles epidemic is not failure of the vaccine to protect, but failure to get the vaccine to the most susceptible children at an early enough age.
- ★ The Kansas Department of Health and Environment immunization goal is to have 100% of all Kansas children fully vaccinated by 2 years of age.
- ★ The immunization level among young children is about 51%, leaving thousands of children not vaccinated.
- ★ All 50 states and the District of Columbia have immunization laws or requirements for school children and for children attending day care centers.
- ★ Every dollar spent on early childhood immunization saves \$10.00 in later medical costs.

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PERCENTAGE BREAKDOWN OF KANSAS POPULATION BY COUNTY

BIRTH - 2 YEARS*

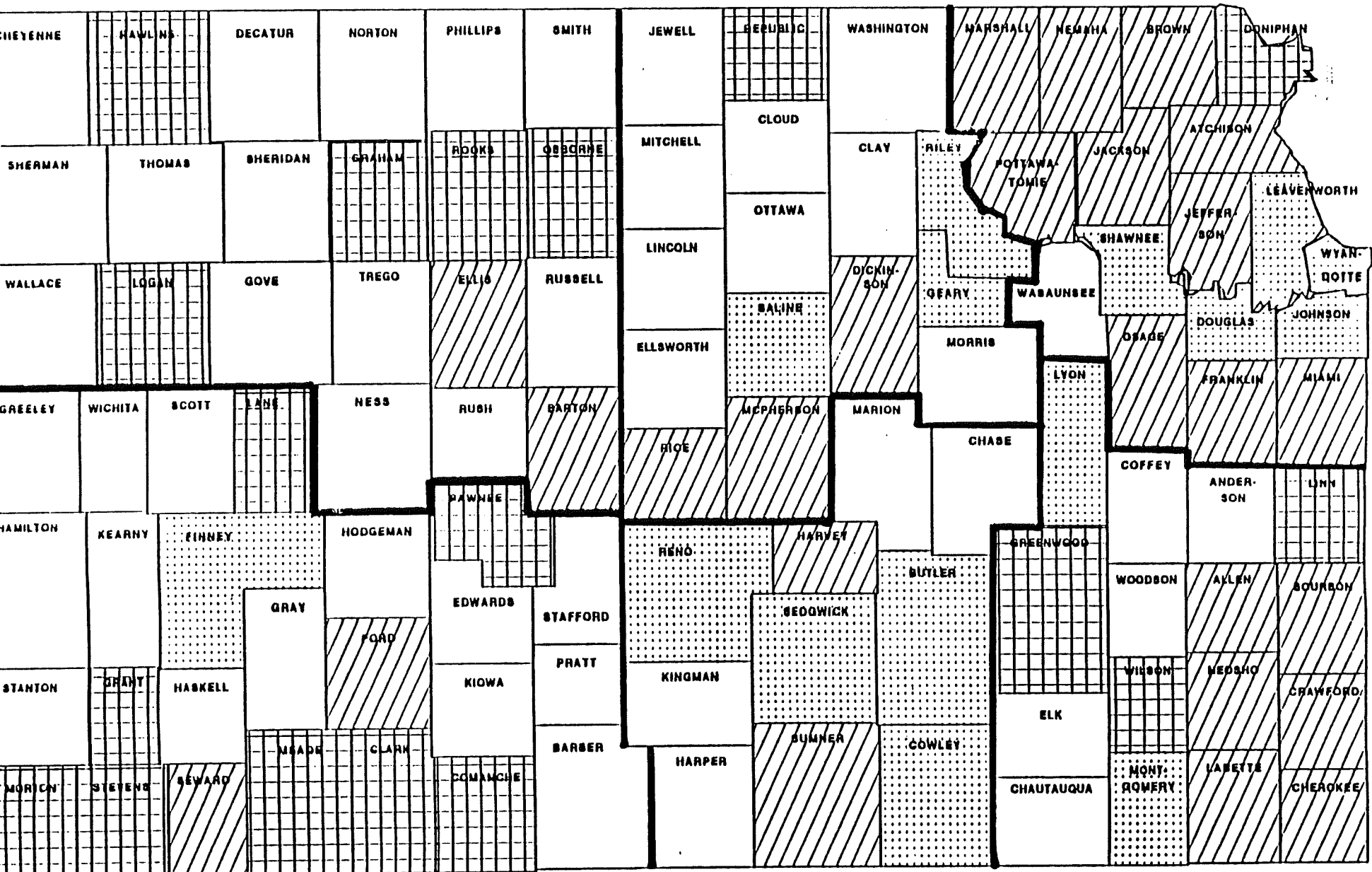
COUNTY	0-2 YR	TOTAL	%	COUNTY	0-2 YR	TOTAL	%	COUNTY	0-2 YR	TOTAL	%
Sedgwick	20,663			Jackson	489			Haskell	204		
Johnson	16,664			Nemaha	476			Ottawa	198		
Wyandotte	8,026			Marshall	470			Kearny	198		
Shawnee	6,923			Brown	467			Norton	196		
Douglas	3,142	55,418	49.82%	Rice	430	97,811	87.92%	Osborne	187	107,533	96.00
Riley	3,059			Marion	427			Chautauqua	169		
Leavenworth	2,599			Cloud	390			Decatur	163		
Reno	2,488			Wilson	381			Meade	161		
Butler	2,169			Grant	372			Jewell	157		
Geary	2,161	67,894	61.03%	Thomas	364	99,745	89.66%	Morton	155	108,338	97.20
Saline	2,115			Clay	354			Smith	146		
Finney	2,082			Prairie	350			Kiowa	144		
Montgomery	1,591			Kingman	347			Wichita	143		
Lyon	1,550			Sherman	322			Gove	132		
Cowley	1,534	76,766	69.01%	Coffey	316	101,434	91.18%	Woodson	131	109,034	98.00
Ford	1,480			Anderson	308			Sheridan	131		
Barton	1,287			Linn	303			Graham	128		
Crawford	1,277			Doniphan	279			Stanton	128		
Harvey	1,212			Greenwood	276			Lincoln	127		
Sumner	1,154	83,176	74.77%	Phillips	269	102,869	92.47%	Trego	126	109,674	98.50
McPherson	1,128			Mitchell	269			Rawlins	125		
Franklin	1,056			Harper	265			Ness	122		
Labette	1,001			Rooks	264			Edwards	121		
Seward	989			Washington	258			Rush	119		
Miami	972	88,322	79.39%	Pawnee	257	104,182	93.65%	Logan	119	110,280	99.00
Ellis	972			Gray	256			Chase	117		
Cherokee	819			Russell	249			Elk	115		
Pottawatomie	766			Stevens	246			Cheyenne	107		
Dickinson	728			Scott	240			Hodgeman	100		
Atchison	700	92,307	82.98%	Barber	238	105,411	94.76%	Hamilton	97	110,816	99.00
Neosho	683			Wabaunsee	237			Lane	92		
Bourbon	665			Morris	236			Wallace	90		
Jefferson	627			Republic	225			Comanche	89		
Osage	601			Stafford	224			Greeley	84		
Allen	596	95,479	85.83%	Ellsworth	217	106,550	95.78%	Clark	74	111,245	100.00

There are a total of 111,245 children age birth to 2 years of age in the state of Kansas. The anticipated number of children who are not immunized at this time is estimated to be 49%, or 54,510 children

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POPULATION: 0-2 YEARS OLD IS 111,245

54,510 CHILDREN 0-2 YEARS OLD ARE NOT APPROPRIATELY IMMUNIZED



TARGET I. 69% Population

TARGET III. 40% or less Immunization compliance

TARGET II. Additional 19% Population

TARGET IV. Remaining counties

**STATE DEPARTMENT OF HEALTH AND ENVIRONMENT
OFFICE OF THE SECRETARY**

MEMORANDUM

DATE: January 5, 1993
TO: Interested Persons
FROM: Robert C. Harder, Secretary

IDEAS AND THOUGHTS CONCERNING CHILDREN, YOUTH AND ELDERLY VENTURES

Children & Youth

- 1) There is a need to focus on getting immunizations up to date by 1995. Related to that is the necessity for some type of tracking and referral system related to immunizations.
- 2) There is a need to define a minimum medical benefit level for low income children, youth and families.
- 3) There is the necessity for looking at alternatives to institutional placement of children and youth.
- 4) Attention needs to be given to public education as it relates to teenage pregnancy
- 5) Attention needs to be given to the work necessary to assure a drug free society starting with children youth and families and following along on the family initiatives program which is underway.
- 6) Attention needs to be directed to developing models on how to deliver comprehensive services to children, youth and families through an educational setting but partnering up with health and social services as well as the private sector.
- 7) Work needs to be done in relation to the development of a statewide, comprehensive education-oriented plan for the delivery of pre-school, day care, Head Start programs to children ages 0-5.
- 8) Work needs to be done on establishing networks as it relates to day care centers, preschool programs, Head Start programs tied to kindergartens.
- 9) There needs to be the development of neighborhood workers.

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- 10) A comprehensive tracking/funding mechanism to insure maximum utilization of federal dollars in all the various human services federal programs.
- 11) Attention should be given to the development of experimental models related to outcomes as demonstrated by a variety of social service interventions.

Elderly

- 1) Experimental work needs to be encouraged as it relates to adult family foster care.
- 2) Attention needs to be directed to promoting and publicizing shared living arrangements throughout the total Kansas population.
- 3) Attention needs to be given to transportation mechanisms to enhance mobility for elderly persons.
- 4) There is a need for the exploration of a concept of time sharing for disabled and elderly persons so they can bank volunteer hours and draw on those for later times as some type of volunteer care is needed by an individual.
- 5) Work needs to be done in relation to developing alternatives to nursing home care
- 6) There needs to be public discussion about the balance between funding for programs for the elderly in contrast to programs for children, youth and families.
- 7) There needs to be public attention focused on funding issues as it relates to Social Security benefits.
- 8) Attention needs to be given to issues related to the providing of health care, especially for low income elderly.
- 9) Consideration should be given to the development of a quality of life scale as a means of determining the delivery of medical services.

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Kansas Department of Health and Environment
Division of Health
Bureau of Family Health

TEENAGE PREGNANCY PREVENTION PROGRAM

Teenage Pregnancy Prevention Program

During the 1991 Legislative Session, HB 2531 provided for two pilot projects to reduce teen pregnancy. The legislature appropriated a total of \$100,000 (or \$50,000 for each project). The bill outlines expectations of the community projects. (See attached.) Basically, a successful South Carolina model of massive community health education is outlined in the bill. KDHE staff solicited proposals from Kansas communities with high teen pregnancy rates (the top ten). Two projects were selected: YWCA in Shawnee County; FACT in Cowley County. These were funded in the fall of 1991, so they have been in operation for about one year. In the 1992 Legislative session, another \$52,000 was appropriated for a third project. Two health risk appraisal projects for youth were discontinued which released money to fund a fourth teen pregnancy prevention project.

KDHE staff went through the same selection process as in FY 92. Two additional projects were selected in FY 93: SW Regional Prevention Center in Finney County and African American Family Preservation Project in Sedgwick County. Funding for these projects was finalized in the fall of 1992. These two new projects have less than six months operating experience.

In the fall of 1992, the Kansas Health Foundation borrowed the KDHE materials relating to the Teen Pregnancy Reduction projects. They had prioritized teen pregnancy as a health issue. They liked the way these projects were designed. They plan to fund another four local projects within the near future. KDHE staff are on the steering committee for this effort.

Aid-to-Local Agencies

SGF of \$100,000 was appropriated for two projects for FY 92. Another \$52,000 was appropriated for FY 93 for a third project. Two health risk appraisal projects for youth were discontinued which released money to fund a fourth teen pregnancy prevention project. Each of the four projects above received \$49,500 during FY 93 (the reduced funding per project due to SGF reductions/1% cut). The C Level request for FY 94 is \$100,000 to develop fifth and sixth projects.

Effectiveness

The South Carolina model is based on a massive community education campaign using the media, public forums, community/school/professional groups. Documented outcomes in South Carolina include marked reduction in the rates of teen pregnancy in rural communities over a three-to-five year period. None of our projects has been in operation for a sufficient length of time to determine effectiveness in reducing the teen pregnancy rate. County teen pregnancy rates for calendar years 1994 and 1995 will be used as the primary means of evaluating the overall effectiveness of each of the projects. Each project works with a university for evaluation design and technical assistance in completing the project evaluation. Meanwhile, it is important to stress to legislators that project outcomes will not be evident until we have Vital Statistics data for 1994 and 1995.

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**COOPERATIVE AGREEMENT AMONG
FOUR KANSAS STATE AGENCIES**

**KANSAS STATE BOARD OF EDUCATION
KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
KANSAS DEPARTMENT OF INSURANCE
KANSAS DEPARTMENT OF SOCIAL & REHABILITATION SERVICES**

I. Purpose and Philosophy

This Agreement among the Kansas State Board of Education (KSBE), Kansas Department of Health and Environment (KDHE), Kansas Department of Insurance (KDI), and Kansas Department of Social and Rehabilitation Services (SRS), hereinafter referred to as the state Agencies, shall assure the following:

Commitment by key state Agencies in assuring access to quality health care for all children, youth and families in Kansas;

Input by state Agencies into decision-making regarding health care reform proposals and financing initiatives with special attention to children, youth and families;

Input by state Agencies into formulating health care policy as a necessary precursor to selection of the appropriate course or method of action;

Sharing of initiatives and proposals by staff of key state Agencies to best utilize their expertise so that knowledge about existing benefits, service mechanisms and systems of care is incorporated into proposals as indicated; and

Dissemination of findings/results of the Committee at least annually to relevant parties.

II. Authority for Agreement

In the State of Kansas, authority and responsibility for the organization, administration and financing of health care and health education is variously distributed among a number of agencies. Key among these agencies are KSBE, KDHE, KDI, and SRS. These four state Agencies bear primary administrative responsibility for health education, public health programs, regulation of private insurance and financing of health care services for low-income and uninsured individuals.

III. Mutual Objective and Respective Responsibilities

Each of the four state Agencies will:

- A. Maximize resources and expertise of KSBE, KDI, SRS and KDHE in developing health care reform plans especially as these relate to services for children, youth and families
- B. Ensure coordination among state Agencies in planning and implementing a system of comprehensive health care for all Kansas children, youth and families who otherwise have limited or no access to adequate health care
 - 1. Designate state Agency staff as liaison to the interagency effort to meet at least quarterly for the purpose of reviewing health care reform proposals, in this state and in other states.
 - 2. Assist in developing an annual report to the Governor and the Legislature relating to activities of the four state Agencies during the past year.

IV. Procedure for Resolution of Disagreements

Operational disagreements which become apparent in the course of this Agreement shall be resolved by discussions between the concerned parties closest to the problem. If the problem/issue is not resolved informally, it shall be referred to and resolved by the Commissioners/Secretaries of the state Agencies or their designees. This will be done in writing and include an outline of the problem and circumstances with a request for a meeting between the Commissioners/Secretaries or designees, and will involve any other affected parties.

V. Decision Authority

Policy decisions necessary for the implementation of this Agreement shall be developed by the parties to this Agreement. Agency staff will develop policy recommendations as needed for review and approval by Agency Commissioners/Secretaries or their designees prior to final adoption and inclusion in any report.

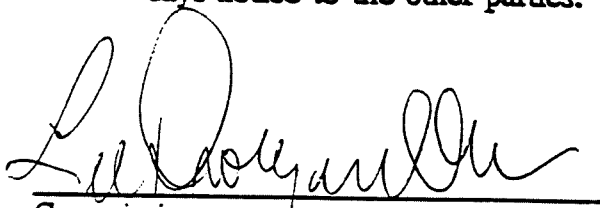
VI. Continuous Liaison

Continuous liaison among the parties to the Agreement shall be the responsibility of the Commissioners/Secretaries or their appointed staff designees.


VII. Provision for Periodic Review of the Agreement

This Agreement shall be in effect upon signature by the Commissioners/Secretaries of the state Agencies and is continuing in nature until such time as it is terminated by any party. The Agreement shall be reviewed at least annually by the parties to said Agreement or whenever a major reorganization occurs. Such reviews shall be for the purpose of development of new agreements, modifications, clarification, or redefinition of any provision as deemed necessary. Any modification shall require review by the signing parties.

Any Agency's participation in this agreement may be terminated upon written thirty (30) -days notice to the other parties.




Commissioner
Board of Education




Secretary
Department of Health & Environment

Date _____

Date 12/17/92



Commissioner
Department of Insurance



Secretary
Department of Social and
Rehabilitation Services

Date 12-17-92

Date 12-17-92

Programs and Services



Kansas Department of Health and Environment

Joan Finney – Governor
Robert C. Harder – Secretary

Prepared by Office of Government and Community Relations
Pamela Johnson Betts – Director

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Preface

The Kansas Department of Health and Environment (KDHE) is responsible for administering a diverse collection of programs. These programs are designed to promote public health through health and environmental regulatory activities and supervision of health delivery services. It was because of that diversity the Office of Government and Community Relations prepared this guide to improve the understanding of agency programs and activities.

As the window to the agency, the Office of Government and Community Relations is the place to call within KDHE when you can't locate the right program area to deal with your concern. Our job is to explain to you how the agency works and direct you to the appropriate program.

We also recommend several companion publications to this guide: the *Guide to Health and Environmental Permits*, which outlines what business activities might require a KDHE permit; and the *Index to Names and Telephone Numbers for Environmental Problems*, a concise directory of Division of Environment staff and their respective program areas.

If you have questions, contact the Office of Government and Community Relations at 913-296-5795 or 913-296-1529. Thanks for your interest in the health and environment of all Kansans.

Department History

Kansas was one of the first states in the Union to establish a public health agency. In 1885, the Kansas Legislature created the Board of Health with a single part-time physician and a part-time assistant. The organization grew very slowly in the first twenty years as the recognized needs were limited.

In 1904, Dr. Samuel Crumbine, of Dodge City, was appointed Secretary to the Board of Health and agency chief. Dr. Crumbine moved public health in Kansas and the nation forward dramatically with his understanding of common disease transmission. "Swat the fly," "Bat the Rat," and "Don't Spit on the Sidewalk" became health slogans for all Kansans through Dr. Crumbine's effort. He pressed to eliminate common towels and common drinking cups. He emphasized cleanliness and fresh air to reduce breeding of harmful bacteria. The State of Kansas was a recognized national leader in health.

As state and federal public health programs began to mature the agency grew accordingly until 1974 when the agency became the Department of Health and Environment. The major new emphasis on federally mandated environmental problems and a massive influx of federal dollars caused KDHE to grow substantially in the late 1970s.

Since the mid-1980s federal mandates have continued to grow and until 1987 federal funds grew with the requirements.

Since 1987, federal dollars have been less available while many new programs have been created by Congress and enforced by federal agencies.

In fiscal year 1991, the agency budget was approximately \$111,000,000. About two-thirds of the funding is from federal sources. More than half of the KDHE funding is for direct pass through to local units of government or direct services to citizens.

The 850 KDHE staff members are highly motivated and professionally qualified staff to serve all Kansans. KDHE employees are located in three Topeka offices: Landon State Office Building, Mills Building, and Forbes Field; and district/section offices in Lawrence, Chanute, Salina, Wichita, Dodge City, Hays, and Pittsburg.

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Office of the Secretary

Robert C. Harder 913/296-0461
Executive staff, headed by the Secretary of Health and Environment, provide policy, continuity, and management oversight for the divisions and offices in KDHE through the Secretary of Health and Environment.

Linkage with the Governor's office and other cabinet agencies is largely maintained by the Secretary and the executive staff, including the division directors. The Department maintains an open communication policy for all KDHE staff to the executive and legislative branches and all citizens of Kansas, as appropriate. The Department is committed to the fullest possible cooperation with state, local, and federal agencies in support of the philosophy and policies of the administration.

Several support offices are also part of the Office of the Secretary: Office of General Counsel; Office of General Services; Office of Government and Community Relations; Office of Legal Services; and Office of Personnel Services. The directors of each office as well as the directors of each of the four divisions report to the Secretary of Health and Environment. Those divisions are: Environment, Health, Information Systems, and Kansas Health and Environmental Laboratory.

Executive Manager

Laura Epler 913/296-6917
The Executive Manager assists the Secretary in the development and review of policy and budgetary matters.

Office of General Counsel

Robert V. Eye 913/296-1291
The Office of General Counsel provides legal and policy analyses of agency matters to the Secretary. Additionally, the office serves as lead counsel in litigation when the Secretary is a named party.

Office of General Services

Chris Stanfield 913/296-1520
The Office of General Services provides an array of administrative, central support, and fiscal services to all programs within the Department. General Services is comprised of eight sections: Support Services; Central Services; Purchasing; Grants Management; Payroll Accounting; Budget Accounting and Control; Aid-to-Local Units; and Budget Development and Preparation.

- Support Services manages the on-going space management and planning activities for all KDHE offices which includes: negotiating rent leases, remodeling of space, planning office moves, and coordinating building maintenance.
- Central Services provides coordination of state vehicles, maintains central capital inventory records, maintains a stockroom for volume purchase and distribution of office supplies, provides central mail

services. This section also manages the encumbrance and payment process for non-salary items.

- Purchasing provides supervision and technical assistance for the purchase of goods and services. This section interacts with the Division of Purchases to procure items at favorable prices.
- Grants Management provides technical assistance to program personnel, prepares financial status reports to grantors, coordinates grants, coordinates an employee time and effort reporting system, maintains records on federal letter of credit funding processes, and provides cashier services.
- Budget Accounting and Control maintains a computerized budget accounting system that accounts for appropriations and grant awards both on the State fiscal year and grant award periods. Monthly management reports are prepared to assist program personnel to operate within appropriations and grant awards.
- Payroll Accounting prepares monthly employee payrolls, maintains ongoing projection of employee salaries in relation to funding sources, distributes salary amounts to appropriate funding sources based on employee effort reports, and prepares salary information for budget preparation.
- Aid-to-Local provides fiscal management of grants to local health departments and other units of local government. Loans to municipalities for wastewater treatment plant improvements from the state revolving loan fund and the sale of revenue bonds are also administered by this section.
- Budget Development and Preparation manages preparation of the budget document and the budget process as it progresses through the Division of the Budget and the Legislature.

Office of Government & Community Relations

Pamela Johnson Betts 913/296-5795
The Office of Government and Community Relations is the liaison between the Department and the many groups and organizations with which it interacts. It is comprised of three sections: Administration, Graphic Arts, and Publication Services; Public Information Services; and Health and Environmental Education Services.

- Administration, Graphic Arts, and Publication Services provides agency coordination with media, government, and community organizations. Prepares, prints, and issues general informational materials regarding the Department. Provides requested assistance within the Department for development of reports, documents, brochures, posters, displays, and other materials and develops individualized artistic representations as requested.

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Health and Environmental Education maintains an audiovisual loan service of over 2,000 items resulting in film/video showings numbering about 1,300 per month to nearly 31,000 Kansans; a literature distribution service of over 2,000 titles, with an annual distribution of over one million pieces; a new environmental health education program targeting youth and agency-wide efforts.

- Public Information Services provides accurate, timely information about the Department to the public through the media. Information disseminated includes agency plans, upcoming activities, regulatory actions, program accomplishments, service announcements, and public statements. Forms of delivery include news releases; tip sheets; fact sheets; general information pamphlets, brochures, and newsletters; public service announcements; news briefings; and press conferences. Other activities include public relations counsel; news clippings; staff newsletter; and internal public information activities.

Office of Legal Services

Yvonne Anderson

913/296-1330

Three primary areas of service provided by this office are rule making, enforcement, and legal counsel.

- Rule Making: The office works closely with the agency staff to ensure the clarity and legality of regulations related to the various programs administered by the agency. Legal Services also evaluates proposed legislation relating to health and environmental issues.
- Enforcement: Office attorneys enforce the sanctions imposed on those who violate laws which protect the health and environment of our citizens. The staff pursue these sanctions from administrative hearings through state and federal appellate courts.
- Legal Counsel: Like all large, complex organizations KDHE requires legal counsel to ensure that its relationships with its employees, the private sector, and other units of government are legal and proper. The Office of Legal Services provides counsel to the agency, and defends the agency when it is involved in litigation.

Office of Personnel Services

Sally O'Grady

913/296-1290

The Office of Personnel Services administers a comprehensive personnel program for KDHE employees. The Office of Personnel Services has decentralized classification and examination authority from the State Division of Personnel Services (DPS). In addition to classifying all positions, staff assists DPS with classification studies and administers a number of civil service examinations.

Staff classify all positions; recruit for all vacant positions; coordinate the interview and selection process; coordinate personnel training; generate all personnel transactions; maintain all personnel records; provide employee benefit

information to all employees; provide employee counselling and guidance; and oversee all activities associated with EEO/Affirmative Action, employee grievances, disciplinary actions, and performance evaluation appeals.

Division of Environment

Charles Jones

913/296-1535

The Division of Environment has statutory authority for control of most environmental contaminants and conditions related to human health, aquatic flora and fauna, plant and animal life, and soil.

Environmental goals are: maintain a healthful environment free of disease-causing agents; reduce and prevent irritants affecting enjoyment of life and property; preserve natural resources; and develop environmental control programs that are responsive to Kansas' needs in a cost-effective manner.

To achieve these environmental goals and legislative mandates which are primarily regulatory in nature, the Division provides consultation services to citizens, municipalities, and industries. A cooperative program of education and service is provided in conjunction with a regulatory program as the most effective and least costly way to obtain environmental objectives and goals.

These services are provided through technical review of plans and specifications. Staff aid in indicating probable compliance with standards and, if possible, suggest better and more cost-effective alternatives. Counsel is provided on safe and effective methods of handling a variety of chemicals and hazardous and toxic wastes, and a broad initiative exists to control, contain, or clean up contamination of state soil and water. Training programs are provided to operators of municipal and industrial water supplies, wastewater treatment plants, and solid waste facilities to ensure compliance, efficiency, and economy.

KDHE has developed new programs to address some of the problems facing the Kansas environment.

- An accepted program for reviewing and approving reclamation plans for lands to be mined for coal and using federal funds to reclaim lands mined in the past.
- An established program to address sites contaminated with hazardous substances, leaking underground storage tanks, and response to spills which may pollute waters or lands.
- A program to financially assist owners of underground storage whose tanks have leaked, thus contaminating soil and water.
- A joint effort between the Department and the Kansas Development Finance Authority to provide low cost loans to communities to fund wastewater facilities.

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- ending the capacity of county health departments deal with local environmental issues through funding from the State Water Plan Fund.
- A household hazardous waste grant program to facilitate the initiation of local household hazardous waste programs.

To carry out its responsibilities, the Division of Environment is structured to provide related or specialized expertise within major program areas. These areas are established as bureaus: Water, Air and Radiation, Waste Management, Environmental Remediation, and District Operations. An Office of Science and Support provides technical support to division programs and activities.

Major program elements administered by six bureaus and offices include: public water supply, water pollution control, injection well control, water well driller licensing, air pollution control, asbestos, hazardous and solid waste management, nonpoint source management, surface mining, air and water monitoring, fish kill investigations, underground storage tanks, and management of long-term environmental contamination by control, containment, or cleanup.

Bureau of Air and Radiation

John Irwin 913/296-1540
The bureau is responsible for administration of regulatory programs for radiation control, air quality, Right-to-Know, radon, and asbestos.

Air quality activities involve the review, approval, and regular inspection of all air contaminant emission sources. These activities are conducted to ensure that proper emission control is present and in accordance with federal and state air quality standards. Long-term atmospheric air sampling and enforcement programs are provided by local health agencies in cooperation with KDHE. The bureau administers the program for licensing and certification of firms and people engaged in asbestos removal.

Federal and state Right-to-Know legislation established a principle of public access to facility information regarding toxic emissions and hazardous chemicals in the community. To achieve this goal the Right-to-Know program collects data on quantities and location of hazardous chemicals and toxic releases. This data is analyzed and made available to communities for their use in planning for emergency response, other local planning, development of public policy, epidemiological studies, and other purposes.

The mission of protecting citizens from the harmful effects of radiation is achieved through a regulatory program which includes the licensure, registration, and inspection of all radioactive materials and radiation producing equipment used in medicine, research and industry in Kansas. This program also has responsibility for the state's indoor radon program.

Bureau of Waste Management

Tom Gross 913/296-1800
The bureau regulates the disposal, treatment, and storage of waste materials, ranging from hazardous wastes to household trash.

The bureau oversees the activities of firms that generate, treat and store hazardous waste. Facilities must meet strict standards before obtaining a hazardous waste permit. The hazardous waste management program regulates the generation, transportation, storage, treatment, and disposal of hazardous wastes in accordance with state and federal regulations. The program administers permits to persons who store, treat, or dispose of hazardous wastes.

The bureau oversees a program to manage solid waste storage, recycling, reuse, and disposal within the state. New federal and state legislation is being implemented by the bureau to implement better controls, and thus prevent contamination, from solid waste landfills. The bureau also operates a household hazardous waste grant program and a waste tire grant program. The goal of both programs is to reduce the disposal of such items in landfills by reusing or recycling the materials.

Bureau of Environmental Remediation

Larry Knoche 913/296-1660
The mission of the Bureau of Environmental Remediation is to respond to environmental emergencies and to manage environmental contamination through pollution source control, containment, or remedial action. The program responsibilities are: investigation of pollution occurrences and sources from spills, illegal dumping, abandoned facilities, and landfills; storage tank regulations; surface mining site regulation; and designing and overseeing remedial activities at contaminated sites.

Remediation at contaminated sites often follows negotiation with responsible parties for the necessary cleanup. The work may involve funding through the State Environmental Response Fund and the State Water Plan Remediation Projects Fund for those sites where a responsible party cannot be found or is recalcitrant. Cost recovery of state funds used for remediation is an option. The underground storage tank program, which includes registration of underground storage tanks (USTs), is also involved in the investigation and oversight of remedial activities at sites with leaking USTs. Remediation of such sites may be funded from the Petroleum Storage Tank Release Trust Fund.

The Mining Section, located in Pittsburg, regulates coal mining and the reclamation of abandoned mine lands. The section administers and enforces of all laws and regulations governing active coal mining while also overseeing the reclamation of problems associated with past coal mining activities.

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Bureau of Water

K. Mueldener

913/296-5500

The Bureau of Water administers programs regulating public drinking water supplies; wastewater treatment facilities for industries, businesses, and livestock feeding facilities; liquified petroleum storage, solution mining, underground injection of wastes, and water well driller licensing. These programs are designed to prevent water pollution and provide safe potable public water supplies.

The bureau provides engineering and operational surveillance of public water supplies and wastewater facilities; reviews engineering reports, plans and specifications for treatment of drinking water and wastewater; carries out a compliance and enforcement program; and issues permits for new or extended systems. Municipal, industrial, and commercial wastewater systems, including agricultural waste, are reviewed and permitted. Underground injection of wastes, solution mining and LPG storage are regulated and permitted through both state and federal programs.

The bureau assists cities in establishing local controls on industries or issues permits to industries directly. The bureau administers the federal grant and state revolving loan programs for construction of municipal wastewater facilities.

Following a transition period, the bureau operation includes the Nonpoint Source Section. This unit implements Section 319 of the Clean Water Act, coordinating programs designed to eliminate or minimize pollution that does not come from the end of a pipe. The section develops and reviews strategies, management plans, local environmental protection plans, county environmental codes intended to control nonpoint source pollution.

Bureau of District Operations

Ron Fox

913/296-0077

Field staff, assigned to the Bureau of District Operations, provide a great deal of the direct service, inspections and technical assistance required by the division. Bureau staff are often the first to deal with the public on field compliance situations. The bureau was created to strengthen the role of district office staff in division decision making and improve overall responsiveness to environmental problems. District office staff take environmental samples, investigate complaints, and work with the public to ensure the environment is protected. Staff serve the water, air quality, environmental remediation, and waste management bureaus.

Office of Science and Support

Ron Hammerschmidt

913/296-6033

This office provides technical, scientific, and data support to the operating bureaus of the division. The goal of the office is to enhance the decision making of the division by providing a sound scientific basis for those actions.

The office's Technical Services Unit is responsible for collecting water data and the preliminary analysis of the

data. The data collected by the Technical Service Unit forms the base from which the Kansas Water Data 1 is formed. The unit performs the surveillance necessary to insure compliance with water quality standards for permitted discharges of wastewater. The surveillance system of stream stations (103 water quality and 58 biological) and special lake studies provides data to determine the quality of Kansas waters. This unit determines the minimum stream flows necessary to maintain surface water quality.

Division of Health

Robert C. Harder (acting)

913/296-1343

The mission of the Division of Health is to protect and promote the health of Kansans through a variety of public health service delivery and regulatory programs. These programs are designed to: protect Kansans from communicable disease; ensure healthy and safe adult and child care facilities; inspect food services for proper sanitation; assess environmental health risks; improve the access to medical care for low income Kansans and pregnant women, children, and families who are at risk for poor health; and promote healthy lifestyles by combating chronic disease.

There is a strong partnership between the State and local health departments in the delivery of the public health services. The Department's role is to assure services through: funding assistance to local agencies; establishing policy and procedures; and program consultation, planning, implementation and continuation. With some exceptions, local health departments are the service delivery component of the partnership. The division also includes the Coordinating Council on Early Childhood Development Services, which coordinates the work of several state agencies that provide developmental services to young children.

Program activities of the Division of Health are carried out by six bureaus or offices: Bureau of Adult and Child Care; Bureau of Disease Control; Bureau of Environmental Health Services, Bureau of Family Health, Office of Health Promotion and Chronic Disease, and Office of Local and Rural Health Systems.

Bureau of Adult and Child Care

Joe Kroll

913/296-1240

The Bureau of Adult and Child Care licenses and certifies all types of health facilities including adult care homes, hospitals, home health agencies and facilities for the mentally retarded. The bureau licenses or registers all types of child care facilities including day care, residential care, preschools, and child placing agencies.

The Adult Care Complaint Program investigates allegations of abuse, neglect, exploitation, and failure to provide adequate care of persons residing in an adult care facility, a medical care facility, or receiving home health agency services. A toll-free number, staffed from 8:00-4:30, is available to receive complaints. This program fulfills federal and state program requirements relating to quality of care provided in licensed and certified facilities.

The bureau also implements the Health Occupations Credentialing Program which makes recommendations to the Secretary regarding whether health occupations should be credentialed. Implementation of several health occupations credentialing statutes is also a program responsibility. The bureau is organized into six programs by function, although all programs are interrelated.

Bureau of Disease Control

Deborah Alfano

913/296-5586

The function of the Bureau of Disease Control is to design, conduct, and evaluate programs to prevent and control disease. This is accomplished by applying the epidemiologic process, which involves studying secular, geographic, and population trends in the incidence and prevalence of disease. Specific processes currently in use are the provision of vaccines to help prevent disease, the provision of antibiotic and antiviral drugs to help cure or control disease, and the provision of consultation on the appropriate medical and administrative measures applicable to the public health management of single cases and outbreaks of disease.

The epidemiologic process, as applied by the bureau, is not limited to diseases which are communicable from person to person. It also embraces the study of chronic disease and both intentional and unintentional injury. The activities of the bureau are supported by a large body of statutory and administrative law. The law provides for disease reporting and disease-specific control measures.

The bureau is also overseeing a pilot study (Health Risk Assessment at Galena) funded by the Agency for Toxic Substances & Disease Registry (ATSDR) to conduct a lead and cadmium exposure study among persons residing in this heavily mined area. Among the outcomes of this pilot project will be the gaining of knowledge and expertise for the application of effective risk assessment methods and risk communication in other areas.

Bureau of Environmental Health Services

Steve Paige

913/296-5600

This bureau is charged with overseeing environmental health, food service and food manufacturing sanitation and consumer protection for the citizens of Kansas.

The mission of assuring the safety of food and drugs consumed by the public is accomplished through uniform enforcement of statutory mandates of the Food, Drug and Cosmetics Act, The Food Service and Lodging Act, and by contracting with the Consumer Product Safety Commission. The mission is accomplished by an inspection, licensure, and investigative program directed at preventing threats to the public health and taking the necessary remedial steps when infractions, foodborne illnesses, truck accidents, injuries, or natural disasters do occur. Approximately 16,000 establishments are regulated by the KDHE. An estimated one-third (4,000) of licensed food establishments are inspected under contract with local health departments.

Bureau of Family Health

Azzie Young

913/296-1

The primary responsibility of the Bureau of Family Health is to plan, develop, and coordinate health resources and programs to meet the health needs of Kansas families. Comprehensive planning, training, consultation, and technical assistance are provided statewide to health providers, and preventive screening, diagnostic, and treatment health services are provided to local residents. The bureau is comprised of three operating sections: Children and Families, Nutrition and WIC Services, and Services for Children with Special Health Care Needs.

- Services for Children with Special Health Care Needs (SHS) has as its goal the promotion of the functional skills among young persons in Kansas who have a handicap, disability, or chronic disease by providing or supporting needed specialty health care in the form of: diagnostic services, inpatient/outpatient services, outreach services, and special services. Services such as newborn screening, early identification and follow-up, genetics, and the Infant/Toddler Program are also part of the SHS Section.
- Nutrition and WIC Services provides nutrition consultation to all programs of the Department, administers the Federal Supplemental Food Program for Women, Infants and Children (WIC), and the Commodity Supplemental Food Program (CSFP) in Kansas. WIC provides nutrition screening; counseling and education; food supplements and health referrals for pregnant and breastfeeding women, infants, and children under five years of age. The primary goal of the section is to improve the health and nutritional well-being of limited income pregnant, breastfeeding and postpartum women, and children through: access to quality nutrition intervention services by a registered/licensed dietitian, breastfeeding promotion and support, and substance abuse education and referral.
- The Children and Families Section focuses on services that support the health of families through prevention of illness, access to health care during and after pregnancy including family planning, and access to health care for infants and children. The goal of the section is to assure access to quality, comprehensive family-centered, preventive, and primary health care services for preconceptual and pregnant women, infants, children, adolescents, and their families, especially those with low income or limited access to care through: support for community-based medical, educational, counseling, outreach, and referral services; written guidelines and standards of care for all programs with monitoring, technical assistance, and follow-up as necessary; provision of information and educational opportunities to upgrade and develop provider skills in identified need areas; and periodic review of state, county, and community health data to develop programs which address priority health concerns for Kansas families.

C of Chronic Disease & Health Promotion

P. Aarmet

913/296-1207

The goal of this office is to improve the quality of life and reduce the incidence of death and disability due to chronic diseases and injury of Kansans. The Office of Chronic Disease and Health Promotion (OCDHP) provides state level administration, consultation, education, and support services for the development of programs for the prevention, early identification, and control of chronic diseases and injuries in the Kansas populations. Primary prevention strategies to reduce identified risk factors such as high blood pressure, elevated blood cholesterol levels, physical inactivity, tobacco use, poor nutrition and behaviors related to preventable injuries are implemented. Interventions are implemented through community-based programs in worksites, schools, businesses, public and private health agencies, youth groups, senior centers, and through coalition activities such as Safe Kids, Tobacco Free Kansas, and Kansas LEAN.

Office of Rural and Local Health Systems

Dick Morrissey

913/296-1200

The Office of Local and Rural Health Systems (OLRHS) was created to develop an integrated approach to dealing with the complex issues related to health care delivery. OLRHS goals are threefold: develop systems to coordinate existing state, federal, and private initiatives; coordinate funding strategies for maximum efficiency; and facilitate delivery system changes where needed.

Providing leadership and technical assistance, the office helps local health departments, hospitals, doctors, and other health care professionals maximize available government resources by: determining manpower needs; providing technical assistance to communities; assisting in development of comprehensive health care systems; coordinating funding strategies for maximum efficiency; coordinating federal, state, and local programs.

Division of Information Systems

Lorne Phillips

913/296-1415

The Division of Information Systems manages the information resources of the Department. The division applies state-of-the-art technology for the most efficient operation of the Department's information functions: research and analysis; telecommunications; data processing; vital records. Staff collect, process, analyze, distribute, and publish a variety of data that is disseminated in various ways: reports, data printouts, documents, special analyses, and publications.

Formation of the division in 1988 served to consolidate independent data processing and information dissemination activities into a more coordinated operation. As a result, the Department gained efficiency and effectiveness in information handling. The division has been proactive in planning and preparing solutions to the overall information management system for the Department. Successes include: improved connectivity of the Department's data sharing resources; automation of the collection and dissemination of vital records resulted

in improved service to the public; department-wide support to maximize the efficiency of staff utilization information resources; use of automated phone attendants to maximize staff efficiency.

The division is comprised of three offices: Communication Services, Research and Analysis, and Vital Statistics.

Office of Communication Services

Jim Green

913/296-5620

This office manages all aspects of data processing and electronic communications within the Department and with other organizations. It provides support for data resource management and computer usage. The Department's ability to use information and make sound decisions based on accurate data has been enhanced through a number of activities:

- Successful support and connectivity of information resources within the Department and with other state and federal agencies.
- Training of staff on effective utilization of the state's information resources.
- Integration of the Department's various data processing needs into a cohesive, coordinated operation.
- Initiation of a Geographic Information System that will enhance policy making on issues impacting the public health and the environment.

Office of Research & Analysis

Jim Staehli

913/296-5640

This office is responsible for the research and analysis of health and environmental data; generating information for the public and policy makers on crucial issues; and preparing reports. This information provides the statistical basis for numerous policy decisions by a variety of state agencies. Reports generated by the office include: *Kansas Occupational Injury And Illness Survey* and *Annual Summary of Vital Statistics*.

Office of Vital Statistics

Charlene Satzler

913/296-1414

This office maintains over eight million vital records, adding over 100,000 new records annually. The Registration and Amendment Section is responsible for collecting, processing, amending, and placing on permanent file birth, death, marriage, and divorce records for those events occurring in Kansas. The Certification Section is responsible for protecting and issuing certified copies of the birth, death, marriage, and divorce records on file. Issuance of certified copies generates approximately \$1.5 million annually for the state general fund.

To provide better public service, the office automated the processing of vital records.

- Implemented an Electronic Birth Certificate (EBC) system in 30 hospitals across the state with almost 80 percent of all births occurring in the state being reported through the EBC.
- Developed and implemented an optical disk system and converted 2.1 million records to optical images to improve storage and reduce retrieval time for copies requested by the public.

Kansas Health and Environmental Laboratory

Roger Carlson 913/296-1619

The Kansas Health and Environmental Laboratory, a public health laboratory, is an integral and important part of the Kansas public health system. The nearly one million chemical and microbiological analyses produced in this division each year constitute the primary assessment tool in public health issues ranging from detection of environmental contaminants to the control of infectious diseases. In addition, laboratory certification and improvement programs work to ensure the quality of several hundred million test results produced by more than four hundred regulated medical, environmental, and law enforcement laboratories located throughout the state. The division is characterized by modern instrumentation and data management together with a strong professional staff and a firm commitment to analytical excellence.

Due to the diversity of specific analytical and operational programs, the division is organized into nine individual units in four general program areas. Radiation Chemistry, Organic Chemistry, Inorganic Chemistry, and Neonatal Screening/Toxicology comprise the Analytical Chemistry Laboratories. Virology/Serology, Diagnostic Microbiology, and Environmental Microbiology comprise the Microbiological Laboratories. The Laboratory Information and Reporting Office and the Laboratory Improvement Program Office complete the division.

These units work closely with each of the agency bureaus. In addition, laboratory units are in frequent, direct contact with Kansas physicians, law enforcement agencies, hospitals, private laboratories, and the general public. Laboratories maintain a strong working relationship with federal reference laboratories at the Centers for Disease Control, Environmental Protection Agency, and the Food and Drug Administration.

Analytical Chemistry Laboratories

The state public health laboratory includes four chemistry laboratories which perform different analyses using different methods and instrumentation.

Radiation Chemistry Laboratory

Dominic To 913/296-1629

This laboratory detects and quantifies radioisotopes in air, ambient and public drinking waters, milk, and vegetation. This laboratory also monitors samples from within a 90 mile radius of Wolf Creek nuclear power station to

insure that no release has occurred. This radiation chemistry laboratory is the only such laboratory in the state.

Neonatal Screening/Toxicology Laboratory

Willie Craft 913/296-1650

This laboratory tests blood specimens from each of the 42,000 babies born in Kansas each year. Each infant is evaluated for three metabolic deficiency diseases. Any affected infant which is not detected within 30 days of birth and placed on supportive therapy will suffer brain damage resulting in mental retardation. This laboratory has tested about one million infants since 1965. During the past year, staff have begun to test the same specimens for maternal antibody to the AIDS virus. Staff also evaluate specimens for sickle cell disease upon request. In addition, this laboratory is certified to examine fiber samples for amount and type of asbestos content.

Inorganic Chemistry Laboratory

Robert Bostrom 913/296-1654

This laboratory performs as many as 26 individual specific analyses on samples from public drinking waters, ambient waters, soils, toxic wastes, and other materials. Toxic heavy metals, plant nutrients, and other species are particularly important to drinking water safety and environmental monitoring of air and water quality.

Organic Chemistry Laboratory

Russell Broxterman 913/296-1647

This laboratory detects and quantifies trace levels of pesticides, herbicides, and other toxic organic species in drinking waters, remediation sites, ambient waters, and hazardous wastes. These analyses are particularly difficult and labor intensive because of the part per billion working range required by federal regulations and because there are at least two million different organic species in the environment.

Microbiology Laboratories

The state public health laboratory includes three microbial laboratories which perform different analyses for the detection and identification of different biological species of public health interest.

Environmental Microbiology Laboratory

Richard Strecker 913/296-1658

This laboratory tests ambient waters and public drinking water supplies throughout Kansas for coliform indicators of fecal pollution. The 45,000 samples which are received each year must be analyzed within 30 hours after collection. This laboratory responsibility serves to prevent waterborne outbreaks of infectious diseases in our state.

Diagnostic Microbiology Laboratory

William Walden 913/296-1636

This laboratory isolates and identifies bacteria, fungi, and intestinal parasites which are the etiologic agents of infectious diseases. This work supports local health departments, Kansas physicians, and agency disease control programs. The reference laboratories assist in the

identification of species referenced from clinical laboratories. Staff seek the consultation and assistance of the Centers for Disease Control laboratories frequently.

Virology/Serology Laboratory

Patrick Hays

913/296-1644

This laboratory isolates and identifies viruses of public health interest. Because of the difficulty of maintaining the necessary cell cultures and animal hosts, there are only a small number of laboratories in Kansas with this ability. In addition, these laboratories examine a large volume of blood specimens for antibody indicators of patient infection. The laboratory's extensive support of county HIV surveillance programs is a good case in point. Chlamydia, which are the most frequently encountered sexually transmitted disease agents in Kansas, are detected in this laboratory also.

Laboratory Information and Reporting Office

Roberta Walker

913/296-1624

The mission of this office is to manage the logistics of receiving 315,000 laboratory samples, entering the required demographic data into the laboratory information base, and managing the production, distribution, and archival storage of an equal number of finished laboratory reports. This office also manages the computer-controlled stockroom inventory system and the acquisition of a half million dollars of test materials and reagents which are required for laboratory operations each year.

Laboratory Improvement Program Office

Theresa Hodges

913/296-1640

The mission of this office is to ensure the quality of millions of laboratory tests performed in 206 medical laboratories, 160 environmental laboratories, and 215 law enforcement agencies located throughout Kansas. This task is accomplished through certification procedures which include annual site visits to measure laboratory facilities, methods, staff, and quality assurance procedures against established standards. Approved laboratories are required to periodically analyze unknown proficiency test samples with an acceptable level of accurate performance. In addition to a regulatory role, this office also provides formal training courses and other laboratory improvement support for deficiencies identified in Kansas clinical laboratories. This office works very closely with the Bureau of Adult and Child Care on the Medicare certification and state licensure of Kansas hospitals.

Tips on Getting Help

State and federal laws and regulations govern the Department's activities. Some state regulations adopt federal health or environmental regulations by reference. Many KDHE program areas provide copies of the applicable laws and regulations.

Many health care services supported or administered by KDHE are provided directly by local health departments. Those agencies are the front line of public health protection. Questions about obtaining services for WIC, prenatal care, family planning, immunizations, and in some instances primary health care when a physician is unavailable, should be directed first to the local county health department.

The Department of Social and Rehabilitation Services (SRS) provides many direct services to those Kansans who meet eligibility guidelines. Some of those include health care and prenatal care. Check with the local SRS office for details.

Most health and environmental permits, approvals, and licenses are issued by KDHE staff. Sometimes local approvals such as zoning are required. Before beginning a business activity, talk to the Department of Commerce Clearinghouse to learn about health and environmental laws that might impact it, but other state requirements.

KDHE does not have a program for industrial health and safety. That program is operated by the Kansas Department of Human Resources. Health and safety in the workplace is regulated by the Occupational Safety and Health Administration, which has an office in Wichita.

The regulation of oil field pollution is shared between KDHE and the Kansas Corporation Commission (KCC). Pollution that occurs on the lease is the jurisdiction of KCC while pollution off-lease and from abandoned wells is under KDHE jurisdiction.

KDHE and the Kansas Department of Wildlife and Parks investigate fish kills. Reports of fish kills should be made to either agency.

All spills of materials in the state that pose a threat to the environment must be immediately reported to KDHE. Personnel from the Division of Emergency Preparedness of the Adjutant General's Office and local spill response teams should also be notified. The initial contact for these reports should be to the closest KDHE district office. After 5:00 p.m. or on weekends and holidays, make the report to the KDHE main office in Topeka at 913-296-1500.

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Kansas Department of Health and Environment
Landon State Office Building
900 SW Jackson Street
Topeka, Kansas 66612-1290
913-296-1500

OFFICE OF THE SECRETARY

SECRETARY

Office of General Counsel
Executive Manager
Office of Personnel Services
Office of General Services
Office of Government & Community Relations
Office of Legal Services

Robert C. Harder 296-1522
Robert Eye 296-1337
Laura Epler 296-6917
Sally O'Grady 296-1290
Chris Stanfield 296-1520
Pamela Johnson Betts 296-5795
Yvonne Anderson 296-1330

DIVISION OF ENVIRONMENT

DIRECTOR OF ENVIRONMENT

Deputy Director/Office of Science & Support
Bureau of Air & Radiation
Bureau of Waste Management (acting)
Bureau of District Operations
Bureau of Environmental Remediation
Bureau of Water

Charles Jones 296-1535
Ron Hammerschmidt 296-1535
John Irwin 296-1540
Tom Gross 296-1600
Ron Fox 296-0077
Larry Knoche 296-1660
Karl Mueldeener 296-5500

DIVISION OF HEALTH

DIRECTOR OF HEALTH (acting)

Coordinating Council on Early Childhood Development Services
Bureau of Adult & Child Care
Bureau of Disease Control
Bureau of Environmental Health Services
Bureau of Family Health
Office of Chronic Disease & Health Promotion
Office of Local & Rural Health Systems

Robert C. Harder 296-1086
Pat Barber 296-1329
Joe Kroll 296-1240
Deborah Alfano 296-0022
Steve Paige 296-0189
Azzie Young 296-1300
Paula Marmet 296-1207
Richard Morrissey 296-1200

DIVISION OF INFORMATION SYSTEMS

DIRECTOR OF INFORMATION SYSTEMS

Office of Communication Services
Office of Research & Analysis
Office of Vital Statistics

Lorne A. Phillips 296-1415
James Green 296-5620
Jim Staehli 296-5640
Charlene Satzler 296-1400

KANSAS HEALTH AND ENVIRONMENTAL LABORATORY

DIRECTOR OF LABORATORIES

Radiation Chemistry
Organic Chemistry
Inorganic Chemistry
Neonatal Screening/Toxicology
Virology/Serology
Environmental Microbiology
Diagnostic Microbiology
Laboratory Improvement Program Office
Laboratory Information & Reporting

Roger Carlson 296-1619
Dominic To 296-1629
Russell Broxterman 296-1647
Robert Bostrom 296-1654
Willie Craft 296-1650
Patrick Hays 296-1644
Richard Strecker 296-1668
William Walden 296-1636
Theresa Hodges 296-1640
Roberta Walker 296-1624

DISTRICT - SECTION OFFICES

North Central Office
2501 Market Place, Suite D
Salina, Kansas 67401

Delbert Zerr (913) 827-9639

Southeast District Office
1500 West 7th, P.O. Box 888
Chanute, Kansas 66720

Jo Ann Moran (316) 431-2390

Northeast District Office
808 West 24th Street
Lawrence, Kansas 66046

Jeff Lamfers (913) 842-4600

Southwest District Office
302 West McArtor Road
Dodge City, Kansas 67801

Richard Buchanan (316) 225-0596

Northwest District Office
2301 East 13th Street
Hays, Kansas 67601

Juliet Honas (913) 625-5663

Surface Mining Section
P.O. Box 1418
Pittsburg, Kansas 66762

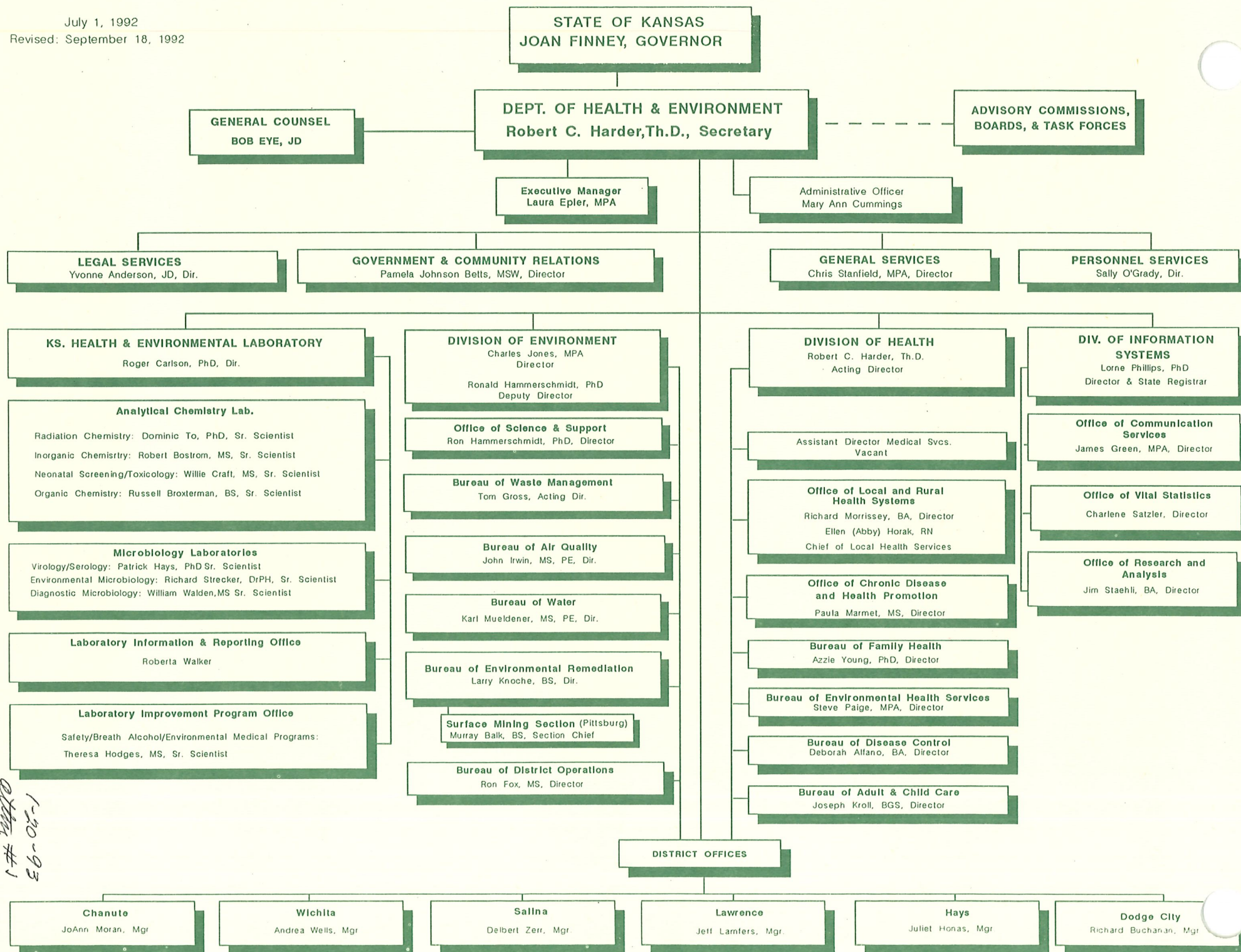
Murray Balk (316) 231-8540

South Central District Office
1919 Amidon, Suite 130
Wichita, Kansas 67203

Andrea Wells (316) 838-1071

Nursing Home Complaint Coordinator 296-1240
24-Hour Emergency/Spill Response 296-1500
Vital Statistics (birth, death, divorce & marriage records) 296-1400

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Fee for licensing fee for food service

Bureau of Environmental Health Services

Date: August 4, 1992

BILL NO. _____

BY _____

AN ACT relating to food service establishments, lodging establishments and amending K.S.A. 36-503, 36-505, 36-508 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 36-503 is hereby amended to read as follows: 36-503.

(a) It shall be unlawful for any person to engage in the business of conducting a food service establishment unless such person shall have in effect a valid license therefor issued by the secretary of health and environment, except that any food service establishment providing only a device for the convenience and operation by a customer for the purpose of heating prepackaged food with no provision for consumption of food on the premises, or any food service establishment licensed by the secretary pursuant to any other law and maintained in connection with any premises licensed by the secretary pursuant to any other law shall not be required to obtain a license under this section, nor shall any person engaged only in the serving of food on railway dining cars or in the occasional sale or serving of food be required to obtain a license hereunder. For the purpose of this section, the sale or serving of food in the same location less than seven days in any calendar year shall be construed as the occasional sale or serving of food. Nothing in this act shall prevent the secretary of health and environment from inspecting any food service establishment when a complaint against such food service establishment is transmitted to the secretary of health and environment or any authorized agent thereof except that no provision of this act shall be construed to authorize the secretary of health and environment to inspect or cause to be inspected under the provisions of this

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act any food service establishment licensed by the secretary of health and environment pursuant to any other law or maintained in connection with any premises licensed by the secretary pursuant to any other law which food service establishment is not required to obtain a license under this section.

(b) Applications for such licenses shall be made on forms prescribed by the secretary, and each such application shall be accompanied by an application fee and by a license fee, each of which shall be established in an amount fixed by rules and regulations adopted by the secretary of health and environment. Application fees may be adjusted in accordance with the type of establishment or based on other criteria as determined by the secretary, but in no event shall any application fee exceed \$100. Such license fee shall not exceed ~~\$40~~100 and shall be fixed in an amount which, together with the application fee, is sufficient to defray the cost of administering the food service establishment inspection and licensure activities of the secretary. Prior to the issuance of any such license, the secretary shall inspect or cause to be inspected the food service establishment designated in the application, to determine that it complies with the standards for food service establishment promulgated pursuant to this act. If such food service establishment is found to be in compliance, the secretary shall issue the license. If the application for license is denied, the secretary shall give written notice thereof to the applicant, stating also that the applicant is entitled to a hearing thereon if a written request therefor is filed with the secretary within 20 days of the date such notice is sent. Such hearing shall be held in accordance with the provisions of the Kansas administrative procedure act.

(c) Every license issued hereunder shall be displayed conspicuously in the food service establishment for which it is issued, and no such license shall be

transferable to any other person or location. Whenever any such license is lost, destroyed or mutilated, a duplicate license shall be issued to any otherwise qualified licensee upon application therefor and the payment of a fee in the amount of \$3.

(d) Any person who, on the effective date of this act, has a valid license to operate a restaurant shall be a licensee under the provisions of this act, and any such license is hereby deemed to be a license to operate a food service establishment issued under the provisions of this act.

~~(e) No person who operates a grocery store and who obtained a food service license in calendar year 1978 shall be required to pay an application fee to obtain a license pursuant to this section.~~

Sec. 2. K.S.A. 36-505 is hereby to read as follows: 36-505. Except as otherwise provided in this section, any license issued under the provisions of this act shall expire on December 31 of the year of which it is issued, and may be renewed by making application to the secretary on or before the expiration date. Application for renewal of a license shall be made on a form prescribed by the secretary and shall be accompanied by the license fee required for the issuance of an original license. Prior to the renewal of any such license, the secretary shall inspect or cause to be inspected the licensed premises or food vending machines which are to be operated and serviced under authority of a license issued under this act to determine the compliance of such premises with the applicable ~~lodging or food service~~ standards promulgated pursuant to this act; Provided, lodging establishments shall not be required to be inspected prior to license renewal. ~~unless an inspection thereof has been made within six months of the date the license for such premises expires.~~ If an inspection of the premises is required and such inspection is not made prior to the expiration

date of the license sought to be renewed, such license shall be valid until the inspection has been made and the secretary has granted or denied the application for renewal. No license shall be renewed unless and until the licensed premises ~~lodging establishment, food service establishment or food vending machine company and the food vending machines operated and serviced thereby,~~ for which it is issued is found to be in compliance with the applicable ~~lodging or food service~~ standards promulgated pursuant to this act. A food vending machine dealer license shall be renewed without inspection. If the secretary shall refuse to renew any license, the secretary shall give written notice thereof to the licensee, specifying the changes or alterations necessary ~~in the lodging or food service establishment~~ to effect complete compliance with the applicable ~~lodging or food service~~ standards and stating that, if such compliance is effected within the period of time designated in the notice, the license shall be renewed. If the licensee fails to effect complete compliance with the applicable ~~lodging or food service~~ standards within the time prescribed in such notice, the application for renewal of a license shall be denied, and the secretary shall give written notice thereof to the applicant, stating also that the applicant is entitled to a hearing thereon, if a written request therefor is filed with the secretary within 20 days of the date such notice is sent. Such hearing shall be held in accordance with the provisions of the Kansas administrative procedure act. If, for any reason, a licensee fails to renew his license prior to the expiration date thereof, the licensee may obtain a renewal of such license within 30 days following the expiration date thereof, by complying with the foregoing provisions of this section and paying a restoration fee in the amount of \$10.

Sec. 3. K.S.A. 36-508 is hereby to read as follows: 36-508. The secretary shall inspect or cause to be inspected, at least once annually, every

~~lodging and food service establishment in this state, and Lodging establishments~~
shall not be required to be inspected annually. For such ~~purpose~~ inspections
the secretary or the secretary's lawful agent shall have the right of entry and
access thereto, at any reasonable time. Whenever, upon ~~such~~ inspection, it shall
be determined that any ~~lodging or food service~~ establishment does not comply with
the applicable ~~lodging or food service~~ standards promulgated by the rules and
regulations of the secretary, it shall be the duty of the secretary to give
written notice to the owner, proprietor or agent in charge of such ~~lodging or~~
~~food service~~ establishment of the changes or alterations necessary to effect a
complete compliance with such standards. Such notice shall provide that the
~~lodging or food service~~ establishment shall be brought into compliance with the
applicable standards within a period of time specified in the notice, which
shall be not less than 10 days, except that a shorter period of time for
compliance may be provided in the notice whenever the secretary believes it
essential to protect the public health and safety. Such notice also shall state
that if compliance with the applicable standards is not effected within the time
prescribed, the license for such ~~lodging or food service~~ establishment shall be
subject to suspension or revocation. The licensee of any ~~lodging or food service~~
establishment, for which a notice of noncompliance is given pursuant to this
section, may apply to the secretary for an extension of the time prescribed in
the notice for compliance with the applicable standards. Upon review of any such
application, the secretary may grant or deny such application or modify the
provisions of any such notice with respect to the time for compliance with any
of the particulars stated therein. Upon reinspection of any ~~lodging or food~~
~~service~~ establishment for which a notice of noncompliance has been issued
pursuant to this section, if such ~~lodging or food service~~ establishment is found

to be in noncompliance with the applicable ~~lodging or food service~~ standards promulgated pursuant to this act, the secretary may determine to suspend or revoke the license issued for such ~~lodging or food service~~ establishment. In such event, the secretary shall send written notice to the licensee that the license for such lodging or food service establishment will be suspended or revoked, effective 20 days after the date such notice is sent, unless within such time the licensee files with the secretary a written request for a hearing on the proposed suspension or revocation. All hearings pursuant to this section shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

Sec. 4. K.S.A. 36-503, 36-505, and 36-508 are hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.

ck = Donna Whitman
Wait for Donna's letter

October 14, 1992

BILL NO.

BY _____

AN ACT relating to certificate of birth; requirements; filing; fee for certificate of live birth; amending K.S.A. 1991 Supp. 65-2409 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 1991 Supp. 65-2409 is hereby amended to read as follows: 65-2409 (a) A certificate of birth for each live birth which occurs in this state shall be filed with the state registrar within five days after such birth and shall be registered by such registrar if such certificate has been completed and filed in accordance with this section. If a birth occurs on a moving conveyance, a birth certificate shall indicate as the place of birth the location where the child was first removed from the conveyance.

(b) When a birth occurs in an institution, the person in charge of the institution or the person's designated representative shall obtain the personal data, prepare the certificate, secure the signatures required by the certificate and file such certificate with the state registrar. The physician in attendance, or in the absence of the physician, the person in charge of the institution or that person's designated representative, shall certify to the facts of birth and provide the medical information required by the certificate within five days after the birth. When a birth occurs outside an institution, the certificate shall be prepared and filed by one of the following in the indicated order of priority: (1)

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The physician in attendance at or immediately after the birth, or in the absence of such a person; (2) any other person in attendance at or immediately after the birth, or in the absence of such a person; or (3) the father, the mother or, in the absence of the father and the inability of the mother, the person in charge of the premises where the birth occurred.

(c) If the mother was married at the time of either conception or birth, or at anytime in between conception and birth, the name of the husband shall be entered on the certificate as the father of the child unless paternity has been determined otherwise by a court of competent jurisdiction, in which case the name of the father as determined by the court shall be entered. If the mother was not married either at the time of conception or of birth, or at anytime in between conception and birth, the name of the father shall not be entered on the certificate of birth without the written consent of the mother and of the person to be named as the father unless a determination of paternity has been made by a court of competent jurisdiction, in which case the name of the father as determined by the court shall be entered.

(d) One of the parents of any child shall sign the certificate of live birth to attest to the accuracy of the personal data entered thereon, in time to permit its filing within the five days prescribed above.

(e) Except as otherwise provided by this subsection, a fee of \$4.00 shall be paid for each certificate of live birth filed with the state registrar. Such fee shall be paid by the parent or

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parents of the child. If a birth occurs in an institution, the person in charge of the institution or the person's designated representative shall be responsible for collecting the fee and shall remit such fee to the secretary of health and environment not later than the 15th day following the end of the calendar quarter during which the birth occurred. If a birth occurs other than in an institution, the person completing the birth certificate shall be responsible for collecting the fee and shall remit such fee to the secretary of health and environment not later than the 15th day of the month following the birth.

The fee provided for by this subsection shall not be required to be paid if the parent or parents of the child are at the time of birth receiving assistance, as defined by K.S.A. 39-702 and amendments thereto, from the secretary of social and rehabilitation services.

(f) Except as provided in this subsection, when a certificate of birth is filed pursuant to this act, each parent shall furnish the social security number or numbers issued to the parent. Social security numbers furnished pursuant to this subsection shall not be recorded on the birth certificate. A parent shall not be required to furnish such person's social security number pursuant to this subsection if no social security number has been issued to the parent; the social security number is unknown; or the secretary determines that good cause, as defined in federal regulations promulgated pursuant to title IV-D of the federal social security act, exists for not requiring the social security number. Nothing

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in this subsection shall delay the filing or issuance of the birth certificate.

Sec. 2. K.S.A. 1991 Supp. 65-2409 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

_____BILL NO._____

BY_____

AN ACT relating to educational, screening and testing program concerning phenylketonuria, congenital hypothyroidism, galactosemia and other genetic deficiency diseases detectable in neonates; registry of cases; treatment product; amending K.S.A. 65-180 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 65-180 is hereby amended to read as follows: 65-180. Educational, screening and testing program concerning phenylketonuria, congenital hypothyroidism and galactosemia; and other genetic deficiency diseases detectable in neonates; registry of cases; treatment product. The secretary of health and environment shall:

(a) Institute and carry on an intensive educational program among physicians, hospitals, public health nurses and the public concerning congenital hypothyroidism, galactosemia, and the disease phenylketonuria, and other genetic deficiency disease detectable through an established neonatal screening program. This educational program shall include information about the nature of such conditions and examinations for the detection thereof in early infancy in order that measures may be taken to prevent the mental retardation or morbidity resulting from such conditions.

(b) Provide recognized screening tests for phenylketonuria, PHTW

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galactosemia, hypothyroidism and such other diseases as may be appropriately detected with the same specimen procedures ~~for which laboratory services are required~~. The initial laboratory screening tests for these diseases shall be performed by the department of health and environment for all infants born in the state. Such services shall be performed without charge.

(c) Maintain a registry of cases including information of importance for the purpose of follow-up services to prevent mental retardation or morbidity.

(d) Provide the necessary treatment product for diagnosed cases for as long as medically indicated, when the product is not available through other state agencies.

Section 2. K.S.A. 65-180 is hereby repealed.

Section 3. This act shall take effect and be in force from and after its publication in the statute book.

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_____ BILL NO.

BY _____

AN ACT relating to licensing dietitians; amending K.S.A. 65-5909, K.S.A. 65-5911, and K.S.A. 65-5912 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas

Section 1. K.S.A. 65-5909 is hereby amended to read as follows: 65-5909. Renewal of license; requirements. (a) Licenses may be renewed upon payment of the required renewal fee and successful completion of not more than 15 hours of continuing education during the licensure period as specified by the secretary by rules and regulations.

(b) At least 30 days before the expiration of the license, the secretary shall notify the licensee of the expiration by mail addressed to the licensee's last place of residence as noted upon the office records. If the licensee fails to submit an application and fee by the date of expiration of the license, the licensee shall be given a second notice that the license has expired and the license may only be renewed if the application, renewal fee, and late renewal fee are received by the secretary within the 30-day period following the date of expiration and, if the application and both fees are not received within the 30-day period, the license shall be considered to have lapsed for failure to renew and shall be reissued only after the applicant has been reinstated under subsection (c).

(c) Any licensee who allows the licensee's license to lapse by failing to renew as herein provided may be reinstated upon payment of the renewal fee and the reinstatement fee and upon submitting evidence of satisfactory completion

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of any applicable continuing education requirements established by the secretary.
The secretary shall adopt rules and regulations establishing appropriate
continuing education requirements for reinstatement of persons whose licenses
have lapsed for failure to renew.

Sec. 2. K.S.A. 65-5911 is hereby amended to read as follows: 65-5911.

Denial, refusal to renew, suspension, or revocation of license; grounds, procedure; reinstatement. (a) The secretary may deny, refuse to renew, suspend, or revoke a license where the licensee or applicant:

(1) Has obtained, or attempted to obtain, a license by means of fraud, misrepresentation, or concealment of material facts;

(2) has been guilty of unprofessional conduct as defined by rules and regulations adopted by the secretary;

(3) has been found guilty of a crime found by the secretary to have a direct bearing on whether such person should be entrusted to serve the public in the capacity of a dietitian;

(4) is mentally ill or physically disabled to an extent that impairs the individual's ability to engage in the practice of dietetics;

(5) has used any advertisement or solicitation which is false, misleading, or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;

(6) has violated any lawful order or rule and regulation of the secretary;
 or

(7) has violated any provision of this act.

(b) Such denial, refusal to renew, suspension, or revocation of a license may be ordered by the secretary after notice and hearing on the matter in accordance with the provisions of the Kansas administrative procedure act.

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(c) A person whose license has been revoked ~~for a period of time, the length of which shall not exceed two years and shall be prescribed by the secretary at the time of revocation,~~ may apply to the secretary for reinstatement. The secretary shall have discretion to accept or reject an application for reinstatement and may hold a hearing to consider such reinstatement. An ~~application~~ applicant for reinstatement shall submit a reinstatement application and a ~~be accompanied by the application~~ reinstatement fee established by the secretary and fulfills the requirements established in KSA 65-8909(c).

Sec. 3. K.S.A. 65-5912 is hereby amended to read as follows: 65-5912. Construction of act; exemptions. (a) Nothing in this act shall be construed to require any insurer or other entity regulated under chapter 40 of the Kansas Statutes Annotated or any other law of this state to provide coverage for or indemnify for the services provided by a person licensed under this act.

(b) So long as the following persons do not hold themselves out to the public to be dietitians or licensed dietitians or use these titles in combination with other titles or use the abbreviation L.D., or any combination thereof, nothing in this act shall be construed to apply:

(1) To any person licensed to practice the healing arts, a licensed dentist, a licensed dental hygienist, a licensed professional nurse, a licensed practical nurse, a licensed psychologist, a registered masters level psychologist, a licensed pharmacist or any employee thereof, a physician's assistant, a registered professional counselor;

(2) to any unlicensed employee of a licensed adult care home or a licensed medical care facility as long as such person is working under the general direction of a licensee in the healing arts, nursing or a dietetic services

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supervisor as defined in regulations adopted by the secretary of health and environment or a consultant licensed under this act;

(3) to any dietetic technician or dietetic assistant;

(4) to any student enrolled in an approved academic program in dietetics, home economics, nutrition, education or other like curriculum, while engaged in such academic program;

(5) to prevent any person, including persons employed in health food stores, from furnishing nutrition information as to the use of food, food materials or dietary supplements, nor to prevent in any way the free dissemination of information or of literature as long as no individual engaged in such practices holds oneself out as being licensed under this act;

(6) to prohibit any individual from marketing or distributing food products, including dietary supplements, or to prevent any such person from providing information to customers regarding the use of such products;

(7) to prevent any employee of the state or a political subdivision who is employed in nutrition-related programs from engaging in activities included within the definition of dietetics practice as a part of such person's employment;

(8) to any person who performs the activities and services of a licensed dietitian or nutrition educator as an employee of the state or a political subdivision, an elementary or secondary school, an educational institution, a licensed institution, or a not-for-profit organization;

(9) to any person serving in the armed forces, the public health service, the veterans administration or as an employee of the federal government;

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(10) to any person who has a degree in home economics insofar as the activities of such person are within the scope of such person's education and training;

(11) to any person who counsels or provides weight-control services as a part of a franchised or recognized weight-control program or a weight-control program that operates under the general direction of a person licensed to practice the healing arts, nursing or a person licensed under this act;

(12) to any person who is acting as a representative of a trade association and who engages in one or more activities included within the practice of dietetics as a representative of such association;

(13) to a registered physical therapist who makes a dietetic or nutritional assessment or gives dietetic or nutritional advice in the normal practice of such person's profession or as otherwise authorized by law;

(14) to a dietitian licensed, registered or otherwise authorized to practice dietetics in another state who is providing consultation in this state;

(15) to any person conducting a teaching clinical demonstration which is carried out in an educational institution or an affiliated clinical facility or health care agency;

(16) to any person conducting classes or disseminating information relating to nonmedical nutrition; or

(17) to any person permitted to practice under K.S.A. 65-2872a and amendments thereto.

(c) Nothing in this act shall be construed to interfere with the religious practices or observances of a bona fide religious organization, nor to prevent any person from caring for the sick in accordance with tenets and practices of

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any church or religious denomination which teaches reliance upon spiritual means through prayer for healing.

Sec. 4. K.S.A. 65-5909, K.S.A. 65-5911, and K.S.A. 65-5912 are hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.

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October 13, 1992

BILL NO.

By _____

AN ACT relating to fee structure for licensing adult care home administrators;
amending K.S.A. 65-3502, K.S.A. 65-3503, K.S.A. 3504, and K.S.A. 65-3505;
and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas

Section 1. K.S.A. 65-3502 is hereby amended to read as follows: 65-3502. Adult care home administrator's license required; temporary licenses, limitation. From and after the effective date of this act, no adult care home in the state shall be operated unless it is under the supervision of an administrator who holds a currently valid adult care home administrator's license issued pursuant to this act. No person shall practice or offer to practice adult care home administration in this state or use any title, sign, card, or device to indicate that he or she is an adult care home administrator, unless such person shall have been duly licensed as an adult care home administrator as required by this act. The board may authorize, by rules and regulations, the issuance of a temporary license as an adult care home administrator in the event of an emergency to be effective for a period of ~~sixty~~ (60) days. The temporary license fee shall be fixed by rules and regulations. Such temporary license may be extended for two (2) consecutive ~~sixty~~ 60-day periods of time, but in no case shall a temporary license be maintained in effect for a period of time greater than ~~one hundred eighty~~ (180) days.

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Sec. 2. K.S.A. 65-3503 is hereby amended to read as follows: 65-3503.

(a) It shall be the duty of the board to:

(1) Develop, impose, and enforce standards which shall be met by individuals in order to receive a license as an adult care home administrator, which standards shall be designed to ~~insure~~ ensure that adult care home administrators will be individuals who are of good character and are otherwise suitable, and who, by training or experience in the field of institutional administration, are qualified to serve as adult care home administrators;

(2) develop examinations and investigations for determining whether an individual meets such standards;

(3) issue licenses to individuals who meet such standards, and revoke or suspend licenses issued by the board or reprimand, censure, or otherwise discipline a person holding any such license as provided under K.S.A. 65-3508 and amendments thereto;

(4) establish and carry out procedures designed to ~~insure~~ ensure that individuals licensed as adult care home administrators comply with the requirements of such standards; and

(5) receive, investigate, and take appropriate action under K.S.A. 65-3505 and amendments thereto and rules and regulations adopted by the board with respect to any charge or complaint filed with the board to the effect that any person licensed as an adult care home administrator may be subject to disciplinary action under K.S.A. 65-3505 and 65-3508 and amendments thereto.

(b) The board shall also have the power to make rules and regulations, not inconsistent with law, as may be necessary for the proper performance of its duties, and to have subpoenas issued pursuant to K.S.A. 60245 and amendments thereto in the board's exercise of its power and to take such other actions as may be necessary to enable the state to meet the requirements set forth in section 1908 of the social security act, the federal rules and regulations promulgated thereunder, and other pertinent federal authority.

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(c) The board shall fix by rules and regulations the licensure fee, temporary license fee, renewal fee, late renewal fee, reinstatement fee, reciprocity fee, and examination fee, if necessary, under this act. Such fees shall be fixed in an amount to cover the costs of administering the provisions of the act. The secretary of the department of health and environment shall remit all monies received from fees, charges, or penalties under this act to the state treasurer at least monthly. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury and credit the same to the state general fund.

Sec. 3. K.S.A. 65-3504 is hereby amended to read as follows: 65-3504.

(a) The board shall admit to examination for licensure as an adult care home administrator any candidate who pays a licensure and examination fee, if required, to the department of health and environment to be fixed by rules and regulations ~~of the board of not more than \$200,~~ submits evidence that such candidate is at least 18 years old; and has completed preliminary education satisfactory to the board as prescribed in its rules and regulations.

(b) Nothing in the provisions of article 35 of chapter 65 of the Kansas Statutes Annotated or acts amendatory of the provisions thereof or supplemental thereto or any rules and regulations adopted pursuant thereto shall prohibit a candidate for licensure as an adult care home administrator who is a member of a recognized church or religious denomination whose religious teachings prohibit the acquisition of formal education which would qualify such candidate for examination as required by the board under subsection (a) from being admitted to examination under subsection (a) so long as such candidate otherwise meets the qualifications for admission to examination under subsection (a). A candidate for licensure as an adult care home administrator who qualifies to take the examination for licensure under this subsection (b), who passes the examination, and who is licensed as an adult care home administrator shall engage

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in the practice of adult care home administration only in an adult care home which is owned and operated by such recognized church or religious denomination.

Sec. 4. K.S.A. 65-3505 is hereby amended to read as follows: 65-3505. Renewal of license; application, fee and evidence; reciprocal relations with other states. (a) Every individual who holds a valid license as an administrator issued by the board shall apply to the board for renewal of such license in accordance with rules and regulations adopted by the board and report any facts requested by the board on forms provided for such purpose.

(b) Upon making an application for a renewal of license, such individual shall pay a renewal fee to be fixed by rules and regulations ~~of the board of not more than \$100,~~ and shall submit evidence satisfactory to the board that during the period immediately preceding application for renewal the applicant has attended a program of course of study as provided by the rules and regulations of the board. Any individual who submits an application for a renewal of license within 30 days after the date of expiration shall also pay a late renewal fee fixed by rules and regulations. Any individual who submits an application for a renewal of license after the 30-day period following the date of expiration shall be considered as having a license that has lapsed for failure to renew and shall be reissued a license only after the individual has been reinstated under subsection (d).

(c) Upon receipt of such application for renewal of license, the renewal fee, and the evidence required, the board shall issue a license to such administrator.

(d) An administrator who has been duly licensed in this state, whose license has not been revoked or suspended, and whose license has expired because of temporary abandonment of the practice of nursing home administration, or has removed from the state, or for such other reason, may be licensed within the state upon complying with the provisions of this section for renewal of license, ~~and also, filing with the board an application affidavit of such facts, and~~

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submission of a renewal fee and reinstatement fee fixed by rules and regulations.

(c) Notwithstanding the foregoing provisions of this section, the board may enter into reciprocal relations with boards of other states or endorse the training acquired by an applicant whereby licenses may be granted, without examination and upon payment of a licensure fee and endorsement fee ~~the prescribed fees~~, to duly licensed administrators from other states, provided the requirements for licensure of the state from which the applicant applies are as high as those in Kansas and the applicant is favorably recommended, in writing, by the board of the state in which the applicant is licensed.

(f) The expiration date of each license issued or renewed shall be established by rules and regulations of the board. Subject to the provisions of this subsection, each license shall be renewable on a biennial basis upon the filing of a renewal application prior to the expiration date of the license and upon payment of the renewal fee established pursuant to rules and regulations of the board. To provide for a system of biennial renewal of licenses, the board may provide by rules and regulations that licenses issued or renewed for the first time after the effective date of this act may expire less than two years from the date of issuance or renewal. In each case in which a license is issued or renewed for a period of time less than two years, the board shall prorate to the nearest whole month the license or renewal fee established pursuant to rules and regulations. No proration shall be made under this subsection (f) on delinquent license renewals or on temporary licenses.

Sec. 5. K.S.A. 65-3502, K.S.A. 65-3503, K.S.A. 65-3504, and K.S.A. 65-3505 are hereby repealed.

Sec. 6. This act shall take effect and be in force from and after its publication in the statute book.

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January 20, 1993

_____BILL NO._____

BY: _____

AN ACT concerning abuse, neglect and exploitation of certain persons; amending K.S.A. 1991 Supp. 39-1401, 39-1402, 39-1404, 39-1430, 39-1431, 39-1433, 39-1435 and 39-1440 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 1991 Supp. 39-1401 is hereby amended to read as follows: 39-1401.

As used in this act:

(a) "Resident" means:

(1) Any resident, as defined by K.S.A. 39-923 and amendments thereto; or

~~(2) any client cared for in an adult family home; or~~

~~(3)-(2) any individual kept, cared for, treated, boarded or otherwise accommodated in a medical care facility; or~~

~~(4) any individual with mental retardation or a developmental disability receiving services through a community mental retardation facility or residential facility licensed under K.S.A. 75-3307b and amendments thereto; or~~

~~(5)-(3) any individual, kept, cared for, treated, boarded or otherwise accommodated in a state psychiatric hospital or state institution for the mentally retarded.~~

(b) "Adult care home" has the meaning ascribed thereto in K.S.A. 39-923 and amendments thereto.

~~(c) "Adult family home" has the meaning ascribed thereto in K.S.A. 39-1501 and amendments thereto.~~

~~(d)~~ (c) "In need of protective services" means that a resident is unable to perform or obtain services which are necessary to maintain physical or mental health or both.

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(e) (d) "Services which are necessary to maintain physical and mental health" include, but are not limited to, the provision of medical care for physical and mental health needs, the relocation of a resident to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent, except as provided in this act.

(f) (e) "Protective services" means services provided by the state or other governmental agency or any private organizations or individuals which are necessary to prevent abuse, neglect or exploitation. Such protective services shall include, but not limited to evaluation of the need for services, assistance in obtaining appropriate social services and assistance in securing medical and legal services.

(g) (f) "Abuse" means the intentional infliction of pain or physical or mental injury, unreasonable confinement, sexual abuse, intimidation, cruel punishment, or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness. ~~neglect, infliction of physical or mental injury or deprivation by a caretaker of services which are necessary to maintain physical and mental health.~~

(h) (g) "Neglect" means the failure or omission by one's self, caretaker or another person to provide goods or services which are necessary to ensure safety and well-being and to avoid physical or mental harm or illness. ~~the failure of a caretaker to maintain reasonable care and treatment to such an extent that the resident's health or emotional well being is injured.~~

(i) (h) "Caretaker" means a person or institution who has assumed the responsibility for the care of the resident voluntarily, by contract or by order of a court of competent jurisdiction.

(j) (i) "Exploitation" means misappropriation of resident property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal

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or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

~~(k)~~(j) "Medical care facility" means a facility licensed under K.S.A. 65-425 et seq. and amendments thereto but shall not include, for purposes of this act, a state psychiatric hospital or state institution for the mentally retarded, including Larned state hospital, Osawatomie state hospital, Rainbow mental health facility, Topeka state hospital, Kansas neurological institute, Parsons state hospital and training center and Winfield state hospital and training center.

~~(k)~~(k) "State psychiatric hospital" means Larned state hospital, Osawatomie state hospital, Rainbow mental health facility and Topeka state hospital.

~~(m)~~(l) "State institution for the mentally retarded" means Kansas neurological institute, Parsons state hospital and training center and Winfield state hospital and training center.

(m) "Report" shall be a description or accounting of an incident or incidents of abuse, neglect or exploitation under this act and for the purposes of this act shall not include any written assessment or findings.

No person shall be considered to be abused, neglected or exploited or in need of protective services for the sole reason that such person relies upon spiritual means through prayer alone for treatment in accordance with the tenets and practices of a recognized church or religious denomination in lieu of medical treatment.

Sec. 2. K.S.A. 1991 Supp. 39-1402 is hereby amended to read as follows: 39-1402. (a) Any person who is licensed to practice any branch of the healing arts, a licensed psychologist, a chief administrative officer of a medical-care facility, an adult care home administrator, a licensed social worker, a licensed professional nurse or a licensed practical nurse, who has reasonable cause to believe that a resident is being or has been abused, neglected or exploited, or is in a condition which is the result of such abuse, neglect or exploitation or is in need of protective services, shall report immediately such information or cause a report of such information to be made in any reasonable manner to the department of health and environment

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with respect to residents defined under (a) (1) and ~~(a) (3)~~ (a) (2) of K.S.A. 39-1401 and amendments thereto and to the department of social and rehabilitation services with respect to all other residents. Reports made to one department which are required by this subsection to be made to the other department shall be referred by the department to which the report is made to the appropriate department for that report, and any such report shall constitute compliance with this subsection. Reports shall be made during the normal working weekdays and hours of operation of such departments. Reports shall be made to law enforcement agencies during the time the departments are not open for business. Law enforcement agencies shall submit the report and appropriate information to the appropriate department on the first working day that such department is open for business. A report made pursuant to K.S.A. 65-4923 or 65-4924 and amendments thereto shall be deemed a report under this section.

(b) The report made pursuant to subsection (a) shall contain the name and address of the person making the report and of the caretaker caring for the resident, the name and address of the involved resident, information regarding the nature and extent of the abuse, neglect or exploitation, the name of the next of kin of the resident, if known, and any other information which the person making the report believes might be helpful in an investigation of the case and the protection of the resident.

(c) Any other person having reasonable cause to suspect or believe that a resident is being or has been abused, neglected or exploited, or is in a condition which is the result of such abuse, neglect or exploitation or is in need of protective services may report such information to the department of health and environment with respect to residents defined under (a) (1) and ~~(a) (3)~~ (a) (2) of K.S.A. 39-1401 and amendments thereto and to the department of social and rehabilitation services with respect to all other residents. Reports made to one department which are to be made to the other department under this section shall be referred by the department to which the report is made to the appropriate department for that report.

(d) Notice of the requirements of this act and the department to which a report is to be

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made under this act shall be posted in a conspicuous place in every adult care home, ~~adult family home~~ and medical care facility in this state.

(e) Any person required to report information or cause a report of information to be made under subsection (a) who knowingly fails to make such report or cause such report to be made shall be guilty of a class B misdemeanor.

Sec. 3. K.S.A. 1991 Supp. 39-1404 is hereby amended to read as follows: 39-1404. (a) ~~The department of social and rehabilitation services or~~ The department of health and environment upon receiving a report that a resident is being, or has been, abused, neglected or exploited, or is in a condition which is the result of such abuse, neglect or exploitation or is in need of protective services, shall:

(1) Make a personal visit with the involved ~~adult~~ resident:

(A) Within 24 hours when the information from the reporter indicates imminent danger to the health or welfare of the involved resident;

(B) within three working days for all reports of suspected abuse, when the information from the reporter indicates no imminent danger;

(C) within five working days for all reports of neglect or exploitation when the information from the reporter indicates no imminent danger.

(b) Complete, within 30 working days of receiving a report, a thorough investigation and evaluation to determine the situation relative to the condition of the involved resident and what action and services, if any, are required. The evaluation shall include, but not be limited to, consultation with those individuals having knowledge of the facts of the particular case. When a criminal act has appeared to have occurred, law enforcement shall be notified immediately and if the alleged perpetrator is licensed, registered or otherwise regulated by a state agency, such state agency also shall be notified immediately.

(c) Prepare, upon a completion of the evaluation of each case, a written assessment which shall include an analysis of whether there is or has been abuse, neglect or exploitation.

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~~recommended action, a determination of whether protective services are needed, and any follow-up within 24 hours of receiving such report, shall initiate an investigation, including a personal visit with the resident and, within two weeks of receiving such report, shall complete the investigation to determine if the resident is being or has been abused, neglected or exploited or is in a condition which is a result of such abuse, neglect or exploitation. The investigation shall include, but not be limited to, a visit to the named resident and consultation with those individuals having knowledge of the facts of the particular case. Upon completion of the investigation of each case, written findings shall be prepared which shall include a finding of whether there is or has been abuse, neglect or exploitation, recommended action and a determination of whether protective services are needed. If it appears that a crime has occurred, the appropriate law enforcement agency shall be notified by the department investigating the report.~~

~~(b) The secretary of social and rehabilitation services shall maintain a register of the reports received and investigated by the department of social and rehabilitation services, the findings, evaluations and the actions recommended. The register shall be available for inspection by personnel of the department of social and rehabilitation services. The secretary of social and rehabilitation services shall forward a copy of any report of abuse, neglect or exploitation of a resident investigated by the department of social and rehabilitation services to the secretary of health and environment and, in the case of a report of abuse, neglect or exploitation of a resident of an adult family home, the secretary of aging.~~

~~(c) The report received by the department of social and rehabilitation services and the written findings, evaluations and actions recommended shall not be deemed a public record or be subject to the provisions of the open records act. Except as otherwise provided in this section, the name of the person making the original report to the department of social and rehabilitation services or any person mentioned in such report shall not be disclosed unless the person making the original report specifically requests or agrees in writing to such disclosure~~

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~~or unless a judicial proceeding results therefrom. Except as otherwise provided in this section, no information contained in the register shall be made available to the public in such a manner as to identify individuals.~~

~~(d) The secretary of social and rehabilitation services shall forward any finding of abuse, neglect or exploitation alleged to be committed by a provider of services licensed, registered or otherwise authorized to provide services in this state to the appropriate state authority which regulates such provider. The appropriate state regulatory authority may consider the finding in any disciplinary action taken with respect to the provider of services under the jurisdiction of such authority.~~

~~(e) (b) (d) The department which investigates the report of health and environment shall~~ inform the complainant, upon request of the complainant, that an investigation has been made and, if the allegations of abuse, neglect or exploitation have been substantiated, that corrective measures will be taken.

(e) The department of health and environment may inform the chief administrative officer of a facility as defined by K.S.A. 39-923 and amendments thereto of substantiated findings of resident abuse, neglect or exploitation.

Sec. 4. K.S.A. 1991 Supp. 39-1430 is hereby amended to read as follows: 39-1430. As used in this act:

(a) "Adult" means an individual 18 years of age or older alleged to be unable to protect their own interest and who is harmed or threatened with harm through action or inaction by either another individual or through their own action or inaction. ~~Such term shall not include a resident as the term "resident" is defined under K.S.A. 39-1401 and amendments thereto when~~ (1) such person is residing in such person's own home, the home of a family member or the home of a friend, (2) such person resides in an adult family home as defined in K.S.A. 39-1501 and amendments thereto, or (3) such person is receiving services through a community mental retardation facility or a residential facility licensed pursuant to K.S.A. 75-3307b and

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amendments thereto. Such term shall not include persons to whom K.S.A. 30-3101 et seq. and amendments thereto apply.

(b) "Abuse" means the intentional infliction of pain or physical or mental injury, unreasonable confinement, sexual abuse, fiduciary abuse, intimidation, cruel punishment, omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.

(c) "Neglect" means the failure or omission by one's self, caretaker or another person to provide goods or services which are necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

(d) "Exploitation" means misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

(e) "Fiduciary abuse" means a situation in which any person who is the caretaker of, or who stands in a position of trust to, an adult, takes, secretes, or appropriates their money or property, to any use or purpose not in the due and lawful execution of such person's trust.

(f) "In need of protective services" means that an adult is unable to provide for or obtain services which are necessary to maintain physical or mental health or both.

(g) "Services which are necessary to maintain physical or mental health or both" include, but are not limited to, the provision of medical care for physical and mental health needs, the relocation of an adult to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent except as provided in this act.

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(h) "Protective services" means services provided by the state or other governmental agency or by private organizations or individuals which are necessary to prevent abuse, neglect, or exploitation. Such protective services shall include but shall not be limited to, evaluation of the need for services, assistance in obtaining appropriate social services, and assistance in securing medical and legal services.

(i) "Caretaker" means a person who has assumed the responsibility for an adult's care or financial management or both.

(j) "Secretary" means the secretary of social and rehabilitation services.

(k) "Report" means description or accounting of an incident or incidents of abuse, neglect or exploitation under this act and for the purposes of this act shall not include any written assessment or findings. ~~a report of abuse, neglect or exploitation under this act.~~

(l) "Law enforcement" means the public office which is vested by law with the duty to maintain public order, make arrests for crimes, investigate criminal acts and file criminal charges, whether that duty extends to all crimes or is limited to specific crimes.

(m) "Involved adult" means the adult who is the subject of a report of abuse, neglect or exploitation under this act.

No person shall be considered to be abused, neglected or exploited or in need of protective services for the sole reason that such person relies upon the spiritual means through prayer alone for treatment in accordance with the tenets and practices of a recognized church or religious denomination in lieu of medical treatment.

Sec. 5. K.S.A. 1991 Supp. 39-1431 is hereby amended to read as follows: 39-1431. (a) Any person who is licensed to practice any branch of the healing arts, a licensed psychologist, the chief administrative officer of a medical care facility, a licensed social worker, a licensed professional nurse, a licensed practical nurse, a licensed dentist, a law enforcement officer and, the chief administrative officer of a licensed home health agency, the chief administrative officer of an adult family home and the chief administrative officer of a community mental retardation

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facility licensed under K.S.A. 75-3307b and amendments thereto who has reasonable cause to believe that an adult is being or has been abused, neglected or exploited or is in need of protective services shall report, within six hours from receipt of the information, such information or cause a report of such information to be made in any reasonable manner. An employee of a domestic violence center shall not be required to report information or cause a report of information to be made under this subsection. Other state agencies receiving reports that are to be referred to the department of social and rehabilitation services, shall submit the report to the department within six hours, during normal work days, of receiving the information. Reports shall be made to the department of social and rehabilitation services during the normal working week days and hours of operation. Reports shall be made to law enforcement agencies during the time social and rehabilitation services are not in operation. Law enforcement shall submit the report and appropriate information to the department of social and rehabilitation services on the first working day that social and rehabilitation services is in operation.

(b) The report made pursuant to subsection (a) shall contain the name and address of the person making the report and of the caretaker caring for the involved adult, the name and address of the involved adult, information regarding the nature and extent of the abuse, neglect ~~or~~, exploitation or fiduciary abuse, the name of the next of kin of the involved adult, if known, and any other information which the person making the report believes might be helpful in the investigation of the case and the protection of the involved adult.

(c) Any other person having reasonable cause to suspect or believe that an adult is being or has been abused, neglected or exploited or is in need of protective services may report such information to the department of social and rehabilitation services. Reports shall be made to law enforcement agencies during the time social and rehabilitation services are not in operation.

(d) A person making a report under subsection (a) shall not be required to make a report under K.S.A. 39-1401 to 39-1410, inclusive, and amendments thereto. A person making a

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report under K.S.A. 39-1401 to 39-1410, inclusive, and amendments thereto, shall not be required to make a report under this act.

(e) Any person required to report information or cause a report of information to be made under subsection (a) who knowingly fails to make such report or cause such report not to be made shall be guilty of a class B misdemeanor.

(f) Notice of the requirements of this act and the department to which a report is to be made under this act shall be posted in a conspicuous place in every adult family home as defined in K.S.A. 39-1501 and amendments thereto and community mental retardation facility or other facility licensed under K.S.A. 75-3307b and amendments thereto.

Sec. 6. K.S.A. 1991 Supp. 39-1433 is hereby amended to read as follows: 39-1433. (a) The department of social and rehabilitation services upon receiving a report that an adult is being, or has been abused, neglected, or exploited or is in need of protective services, shall:

~~(1)~~(a) Make a personal visit with the involved adult:

~~(A)~~ (1) Within 24 hours when the information from the reporter indicates imminent danger to the health or welfare of the involved adult;

~~(B)~~ (2) within three working days for all reports of suspected abuse, when the information from the reporter indicates no imminent danger;

~~(C)~~ (3) within five working days for all reports of neglect or exploitation when the information from the reporter indicates no imminent danger.

~~(2)~~ (b) Complete, within ~~two weeks~~ 30 working days of receiving a report, a thorough investigation and evaluation to determine the situation relative to the condition of the involved adult and what action and services, if any, are required. The evaluation shall include, but not be limited to, consultation with those individuals having knowledge of the facts of the particular case. When a criminal act has appeared to have occurred, law enforcement shall be notified immediately and if the alleged perpetrator is licensed, registered or otherwise regulated by a state agency, such state agency also shall be notified immediately.

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(3) (c) Prepare, upon completion of the evaluation of each case, a written assessment which shall include an analysis of whether there is or has been abuse, neglect or exploitation, recommended action, a determination of whether protective services are needed, and any follow-up.

(d) The secretary of social and rehabilitation services shall forward any finding of abuse, neglect or exploitation alleged to be committed by a provider of services licensed, registered or otherwise authorized to provide services in this state to the appropriate state authority which regulates such provider. The appropriate state regulatory authority may consider the finding in any disciplinary action taken with respect to the provider of services under the jurisdiction of such authority.

(e) The department of social and rehabilitation services may inform the complainant, upon request of the complainant, that an investigation has been made and if the allegations of abuse, neglect, or exploitation have been substantiated, that corrective measures will be taken.

(f) The department of social and rehabilitation services may inform the chief administrative officer of an adult care home as defined in K.S.A. 39-1501 and community facilities licensed pursuant to K.S.A. 75-3307b of substantiated findings of resident abuse, neglect or exploitation.

Sec. 7. K.S.A. 1991 Supp. 39-1435 is hereby amended to read as follows: 39-1435. In performing the duties set forth in this act, the secretary of social and rehabilitation services may request the assistance of all state departments, agencies and commissions and may utilize any other public or private agencies, groups or individuals who are appropriate and who may be available. Law enforcement shall be contacted to assist the department of social and rehabilitation services when the information received on the report indicates that an adult, residing in such adult's own home or, the home of another individual, an adult family home, a community mental retardation facility or residential facility is in a life-threatening situation.

Sec. 8. K.S.A. 1991 Supp. 39-1440 is hereby amended to read as follows: 39-1440. Subsequent to the authorization for the provision of necessary protective services, the secretary

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shall initiate a review of each case within ~~45~~ 60 days to determine where continuation of, or modification in, the services provided is warranted. A decision to continue the provision of such services shall comply with the consent provisions of this act. Reevaluations of the need for protective services shall be made not less than every six months thereafter.

Sec. 9. K.S.A. 1991 Supp. 39-1401, 39-1402, 39-1404, 39-1430, 39-1431, 39-1433, 39-1435 and 39-1440 are hereby repealed.

Sec. 10. This act shall take effect and be in force from and after its publication in the statute book.

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